

## STATE GRANT COMPLIANCE REPORTING

Report Template B: Please use this reporting template for the END OF YEAR report

<b>1. Organization:</b>	
Organization Name:	Mt. Pleasant Community Inc.
Organization Tax ID #:	42-1730808
Project/Activity Title:	Mt. Pleasant Walking Trail
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	12.31
Mailing Address (street, city, state, zip code):	P.O. Box 485 7637 Harris Rd. Bailey, N.C. 27807
Phone Number (area code + number):	
Fax Number (area code + number):	
Contact Person:	Jody C. Ordess
Contact Person Title:	President
E-Mail Address:	

<b>2. Preparer:</b> [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer:	Jody C. Ordess	
Phone Number:	252-235-7065	

<b>3. Please provide a list of the Organization's Board Members.</b> [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
Jody C. Ordess	President
Dean High	Vice President
Joey Bailey	
Robert Glover	
Rudy V. Strickland	
<del>David Pearson - Brent Glover - Richard Brantley - Angie Perry - Joseph Ordess</del>	
<b>4. What restrictions are placed upon the grant by the grant award document? If the grant award document does not identify specific restrictions, please identify the intended use of the grant funds as included in the award document.</b> Restrictions: None	
<b>5. Does the organization have a Conflict of Interest policy?</b> <div style="float: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No         </div>	
<b>6. Is the organization a for profit entity?</b> <div style="float: right;"> <input type="radio"/> No <input checked="" type="radio"/> Yes         </div>	

<b>7. Did the organization subgrant or pass down any funds to another organization?</b>		
<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No		
If yes, answer the following:		
a. Name of Subgrantee	b. Program Name	c. Amount Subgranted

<b>8. Program Activities and Accomplishments:</b>
Recipient must complete and submit a separate Program Activities and Accomplishments Report, detailing the program name, the original goals of each program, and a brief narrative of program accomplishments for each funded program. This information is required of all recipients of state funding in an amount greater than or equal to \$25,000.

## SCHEDULE OF RECEIPTS AND EXPENDITURES

Report Template C: Please use this reporting template for the END OF YEAR report

<b>9. Organization:</b>	
Organization Name:	Mt. Pleasant Community, Inc.
Organization Tax ID#:	42-1730808
Organization Fiscal Year End:	12-31
Mailing Address (street, city, state, zip code):	P.O. Box 485, Bailey, N.C. 27807
Phone Number (area code + number):	—
Fax Number (area code + number):	—
Contact Person:	Jody C. Ordess
Contact Person Title:	President
E-Mail Address:	

<b>a. Receipts</b>		
Funding State Agency	Grant Title	Total Receipts
<b>b. Expenditures</b>		
Category	Dollar Amount	
Personnel		
Contracted Services		
<b>(a) Total Personnel/Contracted Svcs Costs:</b>		
Office Supplies & Materials		
Service Related Supplies		
<b>(b) Total Supplies &amp; Material Costs:</b>		
Travel		
Communications & Postage		
Utilities		
Printing & Binding		
Repair & Maintenance		
Meeting/Conference Expense		
Employee Training (no travel)		
Classified Advertising		
In-State Board Meeting Expenses		
<b>(c) Total Non-Fixed Operating Expense:</b>		
Office Rent (Land, Buildings, etc.)		
Furniture Rental		
Equipment Rental (Phones, Computers, etc.)		
Vehicle Rental		
Dues & Subscriptions		
Insurance & Bonding		
Books/Library Reference Materials		
Mortgage Principal, Interest and Bank Fees - Land payment	\$ 10,000.00	
<b>(d) Total Fixed Charges &amp; Other Expenses:</b>		
Buildings & Improvements		
Leasehold Improvements		
Furniture/Non-Computer Equip., \$500+ per item		
Computer Equipment/Printers, \$500+ per item		
Furniture/Equip., under \$500 per item		
<b>(e) Total Property &amp; Equipment Outlay:</b>		
Purchase of Services	\$ 10,000.00	



Contracts with Service Providers	
Stipends/Scholarships/Bonuses/Grants	
<b>(f)Total Services/Contracts:</b>	
Food	
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
<b>(g)Total Other Expenses:</b>	
<b>Total Expenditures (sum a through g)</b>	<b>\$ 10,000.00</b>

**Unexpended cash balance (do NOT use with reimbursement grants)**

Beginning of the year cash balance	
End of the year cash balance	

**NOTE:** If total receipts, expenditures, beginning or ending unexpended grant balance available for expenditures is \$500,000 or more, an audit is required by G.S. 143C-6-23.

If there are any questions, please contact the Contract Administrator.

**PROGRAM ACTIVITIES AND ACCOMPLISHMENTS REPORT**  
**Report Template D: Please use this reporting template for the END OF YEAR report**

Recipient Name:	mt. Pleasant Community, Inc
Recipient Tax ID #	42-1730808
Project/Activity Title:	
Recipient's Fiscal Year End:	12-31
Report Completion Date:	4-11-22
Preparer of This Report:	Jody C. Ordess - President
<p>1. What were the original goals and expectations for the activity supported by this grant?</p> <p>Construct walking trail for the community and surrounding areas.</p>	
<p>2. If applicable, how have those goals and expectations been revised or refined during the course of the project?</p>	
<p>3. What has the activity accomplished with these grant funds? Please include specific information including facts and statistics to support conclusions and judgments about the activity's impact.</p> <p>promoted walking activity for our community and surrounding areas.</p>	

**4. If the activity is a continuing one, briefly summarize future plans and funding prospects.**

If there are any questions, please contact the Contract Administrator.