

STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	
Organization Name:	Charlotte Neuroscience Foundation dba Memory & Movement Charlotte
Organization Tax ID #:	464329944
Project/Activity Title:	Directed Grant to support strategic growth of clinic
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	June 30, 2022
Mailing Address (street, city, state, zip code):	411 Billingsley Road, Suite 103, Charlotte, NC 28211
Phone Number (area code + number):	(704) 577-3186
Fax Number (area code + number):	(704) 626-2701
Contact Person:	Janet LeClair
Contact Person Title:	Executive Director
E-Mail Address:	jleclair@mmclt.org

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Janet LeClair	Executive Director	
Phone Number: 704-577-3186 x1105		

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
Nancy Downing	Chair
Bill Crowder	Vice Chair
Brian Jones	Treasurer
Teresa Starr	Secretary
John Beyer	
John Chanon	
Mary Lou Daly	
Hannah Dickerson	
Scott Kerr	
Jenny Longshore	
Mark McAlister	
Harsha Mirchandani	
Don Taft	

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.				
<u>Restrictions:</u> Grant funds are to be used for the strategic growth of Memory & Movement Charlotte, a nonprofit medical practice devoted to the care of individuals and families living with Alzheimer's, Parkinson's and related memory and movement conditions.				
5. Does the organization have a Conflict of Interest policy?	<input checked="" type="checkbox"/> x	<input type="checkbox"/> yes	<input type="checkbox"/> no	
6. Is the organization a for profit entity?	<input type="checkbox"/>	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> X	<input type="checkbox"/> no

7. Did the organization subgrant or pass down any funds to another organization?				
<input type="checkbox"/>	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> x	<input type="checkbox"/> no	
If yes, answer the following:				

a. Name of Subgrantee	b. Program Name	c. Amount Subgranted

8. Program Activities and Accomplishments:

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

9. Organization:	
Organization Name:	Charlotte Neuroscience Foundation dba Memory & Movement Charlotte
Organization Tax ID#:	464329944
Organization Fiscal Year End:	June 30, 2022
Mailing Address (street, city, state, zip code):	411 Billingsley Road, Suite 103 Charlotte, NC 28211
Phone Number (area code + number):	704-577-3186
Fax Number (area code + number):	(704) 626-2701
Contact Person:	Janet LeClair
Contact Person Title:	Executive Director
E-Mail Address:	jleclair@mmclt.org

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
DHHS	Directed Grant	\$150,000 of \$300,000
b. Expenditures		
Category	Dollar Amount	
Personnel	\$72,019	
Contracted Services		
(a)Total Personnel/Contracted Srvcs Costs:	\$72,019	
Office Supplies & Materials		
Service Related Supplies		
(b)Total Supplies & Material Costs:		
Travel		
Communications & Postage		
Utilities		
Printing & Binding		
Repair & Maintenance		
Meeting/Conference Expense		
Employee Training (no travel)		
Classified Advertising		
In-State Board Meeting Expenses		
(c)Total Non-Fixed Operating Expense:		
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		
(d)Total Fixed Charges & Other Expenses:		
Buildings & Improvements		
Leasehold Improvements		
Furniture/Non-Computer Equip., \$500+ per item	\$38,902	
Computer Equipment/Printers, \$500+ per item		
Furniture/Equip., under \$500 per item		

(e)Total Property & Equipment Outlay:	\$38,902
Purchase of Services	
Contracts with Service Providers	
Stipends/Scholarships/Bonuses/Grants	
(f)Total Services/Contracts:	
Food	
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
(g)Total Other Expenses:	
Total Expenditures (sum a through g)	\$110,921

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	\$150,000
End of the year cash balance	\$39,079

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:	Charlotte Neuroscience Foundation dba Memory & Movement Charlotte
Recipient Tax ID #	464329944
Project/Activity Title:	Directed Grant to support strategic growth of clinic
Recipient's Fiscal Year End:	June 30, 2022
Report Completion Date:	July 15, 2022
Preparer of This Report:	Janet LeClair, Executive Director
<p>1. What were the original goals and expectations for the activity supported by this grant?</p> <p>Our goal is to meet the growing need for comprehensive, compassionate care for individuals and families living with Alzheimer's, Parkinson's and related disorders. We moved to a larger space in June, 2022 and will add a new physician team, programs and services. Our goal is to serve more patients/ and their families through expanded staff resources and more robust technology, enabling MMC to address the increasing demand for service as the population ages.</p>	
<p>2. If applicable, how have those goals and expectations been revised or refined during the course of the project?</p> <p>No significant revisions to goals, but we are refining the types of programs we will add to meet the emotional and educational needs of our patients and caregivers and to increase understanding of these conditions among the broader community. These initiatives include a podcast, situation-specific on-demand training courses, peer-to-peer support programs and interest groups.</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>To date we've added a full-time social worker, patient experience coordinator and nurse to support our new patient onboarding process. In FY 22 we anticipate adding 300+ patients to our practice, while reducing appointment wait times from 10-12 weeks to 4-6 weeks.</p> <p>In early June we moved to a larger location, the first we own outright. This move provides more space and also lower overhead. The space underwent a renovation prior to occupancy, with technology embedded throughout to allow all staff to remain in communication with one another and with patient families throughout the patient experience. Laptops are included in each exam room, large screen videoconference capabilities are included in large family conference rooms and a large programming space, to allow educational workshops and meetings in hybrid format. While it is too early to gather reliable statistics in most areas, it is already clear that simply having more space has allowed us to schedule more neurological testing, a critical component of our diagnostic evaluation process.</p>	

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

In year two we will add another clinical team to increase patient capacity and reduce wait times. We will also further develop a burgeoning corporate benefits education program, designed to educate and support caregivers in the workplace, as well as other support and education initiatives targeting specific populations as described above in question 2.

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