

STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	
Organization Name:	Pregnancy Resource Center of Cleveland County, Inc.
Organization Tax ID #:	56-1487955
Project/Activity Title:	Daily Operations
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	December 31, 2022
Mailing Address (street, city, state, zip code):	1304 S Post Rd. Shelby, NC 28152
Phone Number (area code + number):	704-487-4357
Fax Number (area code + number):	
Contact Person:	Matthew W. Holland
Contact Person Title:	Executive Director
E-Mail Address:	matt@prccc.org

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Matthew W. Holland	<input checked="" type="checkbox"/>	
Phone Number: 704-487-4357		

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
Bill Claytor	Chair
Tanzy Wallace	Vice Chair
Patti Alexander	Secretary
Willard Lovelace	Treasurer
Kale Meade	Member
Jonathan Sink	Member
Matthew W. Holland	Executive Director

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.			
<p>Restrictions:</p> <p>The grantee shall use the funds allocated in this subdivision Provides a directed grant for the Pregnancy Resources Center of Cleveland County, Inc., in Shelby, NC. Directed Grants are funds allocated by a State agency to a non-State entity as directed by an act of the General Assembly. Directed grants are for nonsectarian, nonreligious purposes only, and the use of directed grants must be in compliance with all state laws.</p>			
5. Does the organization have a Conflict of Interest policy?	<input checked="" type="checkbox"/>	yes	no
6. Is the organization a for profit entity?		yes	<input checked="" type="checkbox"/> no

7. Did the organization subgrant or pass down any funds to another organization?			
		yes	<input checked="" 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:	Pregnancy Resource center of Cleveland County, Inc.
Organization Tax ID#:	56-1487955
Organization Fiscal Year End:	December 31, 2022
Mailing Address (street, city, state, zip code):	1304 S Post Rd.
Phone Number (area code + number):	704-487-4357
Fax Number (area code + number):	
Contact Person:	Matthew W. Holland
Contact Person Title:	Executive Director
E-Mail Address:	matt@prccc.org

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
NCDHHS		\$50,000.00
b. Expenditures		
Category	Dollar Amount	
Personnel	\$33,000.00	
Contracted Services	\$2,160.00	
(a)Total Personnel/Contracted Srvcs Costs:	\$35,160.00	
Office Supplies & Materials		
Service Related Supplies	\$60.00	
(b)Total Supplies & Material Costs:	\$60.00	
Travel		
Communications & Postage (phone service)	\$2,580.00	
Utilities	\$1,500.00	
Printing & Binding		
Repair & Maintenance		
Meeting/Conference Expense		
Employee Training (no travel)	\$1,200.00	
Classified Advertising		
In-State Board Meeting Expenses		
(c)Total Non-Fixed Operating Expense:	\$5,280.00	
Office Rent (Land, Buildings, etc.)		
Furniture Rental		
Equipment Rental (Phones, Computers, etc.)		
Vehicle Rental		
Dues & Subscriptions		
Insurance & Bonding	\$7,500.00	
Books/Library Reference Materials		
Mortgage Principal, Interest and Bank Fees		
(d)Total Fixed Charges & Other Expenses:	\$7,500.00	
Buildings & Improvements		
Leasehold Improvements		
Furniture/Non-Computer Equip., \$500+ per item		
Computer Equipment/Printers, \$500+ per item		
Furniture/Equip., under \$500 per item		
(e)Total Property & Equipment Outlay:		
Purchase of Services		

Contracts with Service Providers	
Stipends/Scholarships/Bonuses/Grants	
(f)Total Services/Contracts:	
Food	
Other (provide description here): PRC Mobile Repair	\$2,000.00
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
(g)Total Other Expenses:	\$2,000.00
Total Expenditures (sum a through g)	\$50,000.00

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	\$50,000.00
End of the year cash balance	\$0.00

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:	Pregnancy Resource Center of Cleveland County, Inc.
Recipient Tax ID #	56-1487955
Project/Activity Title:	Daily Operations
Recipient's Fiscal Year End:	December 31, 2022
Report Completion Date:	04/04/2022
Preparer of This Report:	Matthew W. Holland

1. What were the original goals and expectations for the activity supported by this grant?
Peer counseling sessions – number of sessions provided – savings to client based on customary cost of similar service.
Baby Boutique visits – material assistance provided – savings to client based on customary cost of similar service.
Pregnancy Tests – number of pregnancy tests performed – savings to client based on customary cost of similar service.
Sonograms – number of ultrasounds performed – savings to client based on customary cost of similar service.

2. If applicable, how have those goals and expectations been revised or refined during the course of the project?
No revisions

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.
All services are offered free of charge.
Peer counseling sessions – 243 ½ hour sessions – Based on a cost of \$60.00/hour session, the total savings to our clients if they had sought professional counseling was \$7,290.00
Baby Boutique visits – 252 visits – An estimated total of \$24,288.10 in baby supplies, materials, and furnishings were provided, averaging \$96.38 each visit.
Pregnancy Tests – 113 pregnancy tests performed - Based on the Health Department cost of \$15.00/test, the total savings to our clients was \$1,695.00
Ultrasounds – 91 ultrasounds performed - Based on Atrium Health's local cost of \$463.00/early OB trans abdominal ultrasound, the total savings to our clients was \$42,113.00
Total estimated cost savings for our clients was \$75,406.10.

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

Each year we strive to raise community awareness of the Pregnancy Resource Center and our services through our printed newsletter and social media platforms. In addition, we hold three fundraisers annually:

Baby Bottle Blessings – This fundraiser uses baby bottles distributed to individuals in local churches and other community organizations to collect change, checks or currency.

Annual Fundraising Banquet – This fundraiser involves individuals willing to host a table(s) of 6-8 persons. A meal is served followed by an informational presentation of the ministry. After the presentation, an opportunity is extended for those in attendance to invest in the vision and future of the Pregnancy Resource Center.

Walk for Life – This fundraiser involves teams of walkers from local churches and other community organizations who gain per event sponsorship for their participation in a two-mile walk.

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