

# STATE GRANT COMPLIANCE REPORTING

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

<b>1. Organization:</b>	
Organization Name:	North Carolina Dental Society Foundation
Organization Tax ID #:	82-0880561
Project/Activity Title:	Directed Grant
Reporting Period:	July 1, 2021, through June 30, 2022
Organization Fiscal Year End:	September
Mailing Address (street, city, state, zip code):	1600 Evans Road, Cary, NC 27513
Phone Number (area code + number):	919-439-2377
Fax Number (area code + number):	919.677.1397
Contact Person:	Sharon D'costa
Contact Person Title:	Fund Development and Program Director
E-Mail Address:	sdcosta@ncdental.org

<b>2. Preparer:</b> [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer:	Sharon D'costa	
Phone Number:	919-439-2377	

<b>3. Please provide a list of the Organization's Board Members.</b> [ADD ADDITIONAL PAGES, IF NEEDED]	
<b>Name of Board Member</b>	<b>Board Member Title</b>
Dr. Amanda Stroud	President
Dr. Bob Schiffel	Vice President
Mr. Leon Pruzan	Treasurer
Dr. Scott Davenport	Past President
Dr. Scott Cashion	Director
Dr. Ruma Simhan	Director

<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: Grant Award (\$200,000.00). S.L. 2021-180 Provides a directed grant to the North Carolina Dental Society Foundation to support dental services and supplies for the Missions of Mercy dental clinics.			
<b>5. Does the organization have a Conflict of Interest policy?</b>	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	
<b>6. Is the organization a for profit entity?</b>	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	

<b>7. Did the organization subgrant or pass down any funds to another organization?</b>			<input checked="" type="checkbox"/> yes	<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:	North Carolina Dental Society Foundation
Organization Tax ID#:	82-0880561
Organization Fiscal Year End:	September
Mailing Address (street, city, state, zip code):	1600 Evans Road, Cary, NC- 27513
Phone Number (area code + number):	919-439-2377
Fax Number (area code + number):	919.677.1397
Contact Person:	Sharon D'costa
Contact Person Title:	Fund Development and Program Director
E-Mail Address:	sdcosta@ncdental.org

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
Department of Health and Human Services	Directed Grant	None
b. Expenditures		
Category	Dollar Amount	
Personnel		
Contracted Services		
<b>(a)Total Personnel/Contracted Srvcs 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		
<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	
Contracts with Service Providers	
Stipends/Scholarships/Bonuses/Grants	
<b>(f)Total Services/Contracts:</b>	<b>\$0</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>\$0</b>
<b>Total Expenditures (sum a through g)</b>	<b>\$0</b>

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

Beginning of the year cash balance	<b>200,000</b>
End of the year cash balance	<b>200,000</b>

**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:	North Carolina Dental Society Foundation
Recipient Tax ID #	82-0880561
Project/Activity Title:	Directed Grant
Recipient's Fiscal Year End:	September
Report Completion Date:	July 13th, 2022
Preparer of This Report:	Sharon D'costa, Fund Development and Program Director
<b>1. What were the original goals and expectations for the activity supported by this grant?</b> -- At each clinic, medical history/information is collected on each patient in the "triage area" by licensed dentists. Data such as the number of patients seen, types of treatment provided, number of dentists and other dental professionals who served, the dollar value of the services rendered to the community, and number of community volunteers who participate is collected at every clinic and shared with the community representatives. The clinics are expected to serve 1000 North Carolinians with access to free dental care.	
<b>2. If applicable, how have those goals and expectations been revised or refined during the course of the project?</b> - The goals and expectations have stayed same and no revisions have been made.	
<b>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.</b> - Thus far, NCDSF has been working on fulfilling the administrative requirements of the grant to sign off on the contract and receive the state funds. Efforts have also simultaneously been made to identify suitable locations where the MOM clinics can be held to increase access to oral health across NC using the State funding. As of now, one 45- chair clinic has been finalized for late March 2023 in Sparta located in Alleghany County. The NCDSF leadership is in the process of finalizing a contract with America's Dentists Care Foundation (ADCF) for renting the equipment that will be needed to host the mobile dental clinic in Sparta.	
<b>4. If the activity is a continuing one, briefly summarize future plans and funding prospects.</b> - The Missions of Mercy clinics are held on a regular basis depending on the communities' needs and access to funds. Once a community has been identified and lead dentists have been selected to carry out various functions of the clinic like venue coordination, volunteer mobilization etc. local funders in the region are identified to be approached for funds. As of now, two clinics are in the pipeline for the rest of 2022 and one large clinic as well as a few more mini- MOM clinics being planned for 2023 using the State grant funding.	

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