

STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	
Organization Name:	Present Age Ministries
Organization Tax ID #:	45-1728287
Project/Activity Title:	
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	December 31 st
Mailing Address (street, city, state, zip code):	PO Box 700 Harrisburg NC 28075
Phone Number (area code + number):	704-956-2120
Fax Number (area code + number):	NA
Contact Person:	Hannah Arrowood
Contact Person Title:	Executive Director
E-Mail Address:	Hannah.arrowood@presentageministries.org

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Hannah Arrowood	Employee	
Phone Number: 704-956-2120		

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
Dr. Forrest Jackson	Board Chair
Richard Roycroft	Board Treasurer
Shalawn Avery-Glover	Board Secretary
Dr. Natalie Atwell	Board Member
Natasha Hemmingway	Board Member

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.			
Restrictions:			
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 no

7. Did the organization subgrant or pass down any funds to another organization?			
		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> X 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:	Present Age Ministries
Organization Tax ID#:	45-1728287
Organization Fiscal Year End:	December 31 st
Mailing Address (street, city, state, zip code):	PO Box 700 Harrisburg NC 28075
Phone Number (area code + number):	704-956-2120
Fax Number (area code + number):	NA
Contact Person:	Hannah Arrowood
Contact Person Title:	Executive Director
E-Mail Address:	Hannah.arrowood@presentageministries.org

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
NC Department of Health and Human Services	Direct Grant	\$200,000.00
b. Expenditures		
Category	Dollar Amount	
Personnel	37,777.00	
Contracted Services		
(a)Total Personnel/Contracted Srvcs Costs:	37,777.00	
Office Supplies & Materials	2,500.00	
Service Related Supplies		
(b)Total Supplies & Material Costs:	2,500.00	
Travel		
Communications & Postage		
Utilities		
Printing & Binding	1,097.19	
Repair & Maintenance		
Meeting/Conference Expense	3,500.00	
Employee Training (no travel)	1,000.00	
Classified Advertising		
In-State Board Meeting Expenses		
(c)Total Non-Fixed Operating Expense:	5,597.19	
Office Rent (Land, Buildings, etc.)	2,370.00	
Furniture Rental		
Equipment Rental (Phones, Computers, etc.)	400.00	
Vehicle Rental		
Dues & Subscriptions	1,400.00	
Insurance & Bonding		
Books/Library Reference Materials		
Mortgage Principal, Interest and Bank Fees		
(d)Total Fixed Charges & Other Expenses:	4,170.00	
Buildings & Improvements		
Leasehold Improvements		
Furniture/Non-Computer Equip., \$500+ per item	600.00	
Computer Equipment/Printers, \$500+ per item	1,500.00	
Furniture/Equip., under \$500 per item		
(e)Total Property & Equipment Outlay:	2,100.00	

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)	52,144.19

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	\$200,000.00
End of the year cash balance	\$147,855.81

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:	Present Age Ministries, Inc
Recipient Tax ID #	45-1728287
Project/Activity Title:	Directed Grant
Recipient's Fiscal Year End:	December 31 st
Report Completion Date:	July 6, 2022
Preparer of This Report:	Hannah Arrowood

1. What were the original goals and expectations for the activity supported by this grant?

- Community Engagement – facilitating introductions and building of relationships for the purpose of exposure to the issue of human trafficking and creating pathways to educate.
- Community Awareness & Education Events – Hosted events that allow community members to come and learn about Human Trafficking, Risk Factors, Vulnerability, Grooming Tactics, Prevention Strategies and more.
- Specialized Trainings to identified groups of people - Hosted events that allow community members to come and learn about Human Trafficking, Risk Factors, Vulnerability, Grooming Tactics, Prevention Strategies, as well as specific modalities and response protocol for that particular group of people. These trainings are often in partnership with community partners such as Law Enforcement, Health Professionals, Child Advocacy Centers, Council for Children's Rights, Etc.
- Parent Nights - Hosted events that allow community members to come and learn about Human Trafficking, Risk Factors, Vulnerability, Grooming Tactics, Prevention Strategies that include but are not limited to: Internet Safety, Monitoring Software Reviews, Social Media Overview, etc.
- Targeted Campaigns to identified groups of people – Social Media campaigns to educate groups of people, by age brackets, to communicate effectively and efficiently.
- Development of Present Age Ministries University – a digital learning platform

2. If applicable, how have those goals and expectations been revised or refined during the course of the project?

The goals are still the same.

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.

1. *We developed a new curriculum set called TEENS & TECHNOLOGY that is geared to parents around online safety and guide through technology.*
2. *We developed a collaborative training on Sexual Abuse, Grooming and Online Safety.*
3. *Worked with key members of CMHHTF to review and scrub data of minor victims and high-risk youth to evaluate next steps and appropriate ways to train/engage entities: CMPD, DHHS- YFS, Pat's Place Child Advocacy.*
4. *Secured Partnership with IT Experts to receive consulting and support throughout development*
5. *Identified representatives of key community partners have been identified and initial conversations. Meetings are scheduled for 2nd Qtr. to discuss implementation of adapted protocol from Mecklenburg County to be administered to Cabarrus County.*
6. *Secured the Learning Management System platform and participated in 5 consultation calls with IT expert.*

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

We are continuing the project as outlined and will continue to measure outputs as planned.

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

