

STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	
Organization Name:	Reality Ministries Inc.
Organization Tax ID #:	26-1514118
Project/Activity Title:	Directed Grant
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	June 30, 2022
Mailing Address (street, city, state, zip code):	916 Lamond Ave., Durham, NC 27701
Phone Number (area code + number):	919-688-7776
Fax Number (area code + number):	919-688-7779
Contact Person:	Julie DeConto
Contact Person Title:	Director of Operations
E-Mail Address:	julie@realityministries.org

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	Employee	CPA/Accountant
Name of Preparer: Julie DeConto	Full time employee	
Phone Number: 919-688-7776		

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
Erica Ryder	Chair
Margaret Frothingham	Vice Chair
Steve Unruhe	Treasurer
Cari Carson	Secretary
Needham Bryan	member
Allison Kirkland	member
Mary Mathew	member
Cate McLeane	member
Louise Morris	member
Michelle Pickett Connors	member
Lloyd Schmeidler	member
Katy Philips	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.
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<u>Restrictions:</u> nonsectarian, nonreligious purposes only
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5. Does the organization have a Conflict of Interest policy?	X	yes	<input type="checkbox"/>	no
6. Is the organization a for profit entity?	<input type="checkbox"/>	yes	X	no

7. Did the organization subgrant or pass down any funds to another organization?				
		yes	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:	Reality Ministries Inc.
Organization Tax ID#:	26-1514118
Organization Fiscal Year End:	June 30, 2022
Mailing Address (street, city, state, zip code):	916 lamond Ave., Durham, NC 27701
Phone Number (area code + number):	919-688-7776
Fax Number (area code + number):	919-688-7779
Contact Person:	Julie DeConto
Contact Person Title:	Director of Operations
E-Mail Address:	julie@realityministries.org

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
DHHS	Directed Grant	50,000
b. Expenditures		
Category	Dollar Amount	
Personnel	50,000	
Contracted Services		
(a)Total Personnel/Contracted Srvcs Costs:	50,000	
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		
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):	
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
(g)Total Other Expenses:	
Total Expenditures (sum a through g)	50,000

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	50,000
End of the year cash balance	0

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:	Julie DeConto
Recipient Tax ID #	26-1514118
Project/Activity Title:	Direct Grant
Recipient's Fiscal Year End:	June 30, 2022
Report Completion Date:	6/23/2022
Preparer of This Report:	Julie DeConto

What were the original goals and expectations for the activity supported by this grant?
Expanding "Daytime" and "Evening Groups". Both create opportunities for friendship, meaningful activities, and build community between people with and without developmental disabilities. Daytime is our weekday program with activities centered on community and personal growth, including meals, exercise, field trips, crafts, and life skills projects. Evening groups feature fellowship, singing, and games. Participants in either program attend once to twice per week in small groups with other participants as well as volunteers and staff.

We were able to add one addition evening group instead of 3 groups we now have 4 groups. Each group has 5-70 participants that come every week. By expanding, we were able to welcome 56 new participants!

We were also able to add 12 new daytime interest groups. This is way for people with disabilities to explore interests they have with a group of friends.

Our volunteers engage in all levels of our work to fulfill our vision of a community built on friendships between people with and without disabilities. Through our programs and the dedication of our volunteers, our friends with disabilities experience friendship, healthy and meaningful activities, and ways to engage positively with their community and city. Having a 4th evening group provided an opportunity for more volunteers to engage.

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

Thankfully the project is successful, the goals we had are to expand to welcome new folks in which is what we have been able to do.

2. 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.

We have seen the impact of this work as many of our friends have grown over the years to become happier, healthier, and more confident. We collect stories from family members and care givers to report the impact we have in our participant's lives.

Reality Ministries creates a unique space unlike any other program for people with disabilities in the Triangle. By bringing together people of all abilities, we are providing a strong social network for people with developmental disabilities while also making our city a more welcoming place for everyone.

We plan to serve over 225 participants and 150 volunteer with our Evening programs.

Our Daytime program will serve over 120 participants and 45 volunteers.

Here are some responses when we asked parent and caregiver how Reality has served their participant:

“The gentleness and acceptance from the Reality community has settled my child who is very anxious”

“My Daughter has been encouraged to try new things, which is so encouraging because it shows that she feel safe and empowered at Reality”

“My brother experiences connection and belonging at Reality, because he lives with autism these are two things that are hard to come by”

“We are in our first year - what's happened in such a short time is incredible”

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

We would love to expand and have a 5th evening group and add more Daytime Interest Groups. For every group we add we are able to provide a healthy social community for 50-75 more people with disabilities. For this to happen we would need to hire 2 more program staff members. The cost of a new staff member is about \$60,000/year so we would need \$120,000 in funding to make that future plan happen.

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

