

STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	
Organization Name:	The Anchor Holds, INC
Organization Tax ID #:	81-2453476
Project/Activity Title:	Direct Grant S.L. 2021-180
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	December 2022
Mailing Address (street, city, state, zip code):	2470 Ridge Rd Spring Hope NC 27882
Phone Number (area code + number):	252-289-5601
Fax Number (area code + number):	
Contact Person:	Heather Moore
Contact Person Title:	Executive Director
E-Mail Address:	Theanchorholdsnc@yahoo.com

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Heather M Moore		
Phone Number: 2522895601		

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
Heather M. Moore	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.			
<u>Restrictions:</u> <u>To be used for substance use disorder purposes including limited to assisting people with MAT recovery program, harm reductions services financial support,</u>			
5. Does the organization have a Conflict of Interest policy?	<input checked="" type="checkbox"/>	yes	<input type="checkbox"/> no
6. Is the organization a for profit entity?	<input type="checkbox"/>	yes	<input checked="" type="checkbox"/> no

7. Did the organization subgrant or pass down any funds to another organization?			
		<input type="checkbox"/> 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:	Theanchorholds, inc
Organization Tax ID#:	81-2453476
Organization Fiscal Year End:	December 2022
Mailing Address (street, city, state, zip code):	2470 Ridge Road Spring Hope NC 27882
Phone Number (area code + number):	252-289-5601
Fax Number (area code + number):	
Contact Person:	Heather Moore
Contact Person Title:	Executive Director
E-Mail Address:	theanchorholdsnyc@yahoo.com

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
NC DHHS	21-23 Directed Grants	50,000
b. Expenditures		
Category	Dollar Amount	
Personnel		
Contracted Services		
(a)Total Personnel/Contracted Svcs Costs:		
Office Supplies & Materials		
Service Related Supplies		
(b)Total Supplies & Material Costs:		
Travel	195.74	
Communications & Postage	40.70	
Utilities	180.00	
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 Triangle Spring 7 day detox.	7305.00
Oxford house 30 day stay/start	560.00
Hope Is Alive Recovery_initial fee, 2wk stay	566.50
Open Door Recovery- fee	100.00
(Lock boxes (200) for clients of Harm reduction and MAT services distributed by Carolina Family Health Centers and the Anchor Holds, Inc	2395.92
Other (provide description here):	
Other (provide description here):	
(g)Total Other Expenses:	
Total Expenditures (sum a through g)	11343.86

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	50,000
End of the year cash balance	38,656.14

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:	Theanchorholds, Inc
Recipient Tax ID #	81-2453476
Project/Activity Title:	Grant S.L. 2021-180
Recipient's Fiscal Year End:	December 2022
Report Completion Date:	7/15/2022
Preparer of This Report:	Heather Moore

1. What were the original goals and expectations for the activity supported by this grant?
2. The original goal is and will continue to be, to help people find sustained recovery, whether it be Recovery program, detox, medicated assisted treatment, harm reduction,

The grant is an incredible addition to the anchor holds ability to provide the much-needed financial assistance to people that are not or under insured. Many people want to get help from using illicit drugs but tend to give up when they cannot pay for Meds, treatment, counseling, detox etc.. This grant is and will continue to help as many people as we can. That is the original goal and will continue to be the goal. need.

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

4. 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.

The purchase of 200 lock boxes to be distributed to participants in the medicated assisted treatment protocol will allow safe storage for SUD meds that are prescribed to participants maintaining recovery.

The ability to send participants with no insurance, no job, no family support, to detox and recovery programs and sober living homes is huge. The 5 people we helped are currently continuing the work for sustained recovery.

We continue to travel to distribute Harm reduction supplies, meeting people where they are at, and establishing relationships.

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

Our plans are to continue to assist people that request financial assistance for substance use disorder purposes.

Our only funding at this time, is the grant awarded S.L. 2021-180 and continued donations from people in the community.

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