

## STATE GRANT COMPLIANCE REPORTING

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

<b>1. Organization:</b>	
Organization Name:	Safer Communities Ministry, Inc. (SCM)
Organization Tax ID #:	56-1494206
Project/Activity Title:	S.L. 2021-180 Directed Grant
Reporting Period:	<b>July 1, 2021 through June 30, 2022</b>
Organization Fiscal Year End:	June 30, 2022
Mailing Address (street, city, state, zip code):	P.O. Box 556, Monroe, NC 28111
Phone Number (area code + number):	704-576-3268
Fax Number (area code + number):	-
Contact Person:	Daryl Oliver
Contact Person Title:	Executive Director
E-Mail Address:	doliver@safercommunitiesministry.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 Shearin		
Phone Number: 704-777-8092		

<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>
Randy Leander	Board Chairman
Tim Wiggins	Vice Chairman
John Hurley	Board Member
Steve Olin	Board Member
Kelly Ross Benton	Board Member
<b>Jay Ross</b>	<b>Board Member</b>

<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>			
<u>Restrictions:</u>			
<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 type="checkbox"/> yes	<input checked="" type="checkbox"/> no	

<b>7. Did the organization subgrant or pass down any funds to another organization?</b>			
		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
If yes, answer the following:			
a. Name of Subgrantee	b. Program Name	c. Amount Subgranted	

<b>8. Program Activities and Accomplishments:</b>
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

<b>9. Organization:</b>	
Organization Name:	Safer Communities Ministry, Inc.
Organization Tax ID#:	56-1494206
Organization Fiscal Year End:	June 30, 2022
Mailing Address (street, city, state, zip code):	P.O. Box 556, Monroe, NC 28111
Phone Number (area code + number):	704-576-3268
Fax Number (area code + number):	-
Contact Person:	Daryl Oliver
Contact Person Title:	Executive Director
E-Mail Address:	doliver@safercommunitiesministry.org

<b>a. Receipts</b>		
<b>Funding State Agency</b>	<b>Grant Title</b>	<b>Total Receipts</b>
NCDHHS	S.L. 2021-180 Directed Grant	133,268.71
<b>b. Expenditures</b>		
<b>Category</b>	<b>Dollar Amount</b>	
Personnel	117,273.96	
Contracted Services		
<b>(a) Total Personnel/Contracted Svcs Costs:</b>	117,273.96	
Office Supplies & Materials		
Service Related Supplies	660.00	
<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	10,000	
Furniture/Non-Computer Equip., \$500+ per item		
Computer Equipment/Printers, \$500+ per item	1376.75	
Furniture/Equip., under \$500 per item		
<b>(e) Total Property &amp; Equipment Outlay:</b>		
Purchase of Services		

Contracts with Service Providers	3958.00
Stipends/Scholarships/Bonuses/Grants	
<b>(f)Total Services/Contracts:</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>Total Expenditures (sum a through g)</b>	<b>133,268.71</b>

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

Beginning of the year cash balance	150,000
End of the year cash balance	16,732.19

**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:	Safer Communities Ministry, Inc.
Recipient Tax ID #	56-1494206
Project/Activity Title:	S.L. 2021-180 Directed Grant
Recipient's Fiscal Year End:	June 30, 2022
Report Completion Date:	July 14, 2022
Preparer of This Report:	Sharon Shearin, Program Director

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

Safer Communities Ministry (SCM) has a proven program to reduce the recidivism rate for Union County, NC and restore families to the inmates at Union County and their children/caregivers. The rehabilitation of inmates, former offenders, addicts, and their families include mental health counseling, domestic violence/sexual assault awareness and planning, a 7-week Life Skill course that includes learning about topics on anger management, personal responsibilities, addiction recovery, character development, goal setting, budgeting and finances, marriage and relationships, and job readiness training. Also, offered GED programming and workforce reentry.

Our aftercare provides post release placement into addiction treatment centers and/or workforce readiness to reentry to society.

Our children's programming meets weekly for the children and their caregivers impacted by incarcerated and addicted parents. Our behavioral health counselor works with everyone to foster healthy coping skills and improve emotional health to be successful at work, school, and home. Caregivers are given parenting and emotional support.

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

Disruptions January 2022-March 2022 were due to COVID Shutdown restrictions and renovations in the jail cell blocks. SCM was not able to conduct Life Skill Classes and were mandatorily postponed however, our staff continue to communicate and assist inmates with Kiosk requests, provide inmates with library (books) glasses, and other related requests. Additionally, 118 American Community Correction Institute (ACCI) workbooks were printed, passed out, and graded during the restrictions. Since communication through Kiosks was still feasible, we were able to assist men and women inmates with request to find addiction placement and plans to reach goals for employment upon release.

Shine, SCM's children's programming continued as projected and adjusted accordingly when COVID impacted families enrolled. Some weeks, ZOOM meetings were held when in person programming was not possible. A greater focus was placed on academics since many children had to work from home and caregivers struggled during this process to help children not get behind.

**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.**

We have enrolled 78 students in Life Skills in the Union County Jail, 732 ACCI workbooks passed out and graded from inmate population. Our recidivism rate for Union County Jail was 16% for the men and 0% for the women for July 2021-June 2022.

We have assisted over 28 men and women for placement in addiction recovery centers and/or programming with applications, interviews, and transportation.

We provided programming for over 12 children and their caregivers in the Shine Children's program in Union County.

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

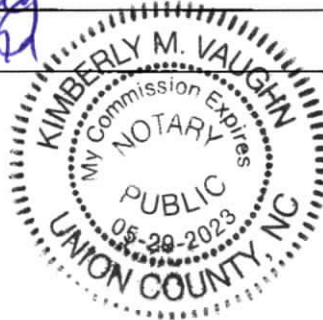
**Our goal with our programming is to reduce recidivism rate under 25% in Union County, NC through our services in the jail, aftercare, and children's weekly program. We are working towards continued success and growth by preparing to assist more families through, life skills classes, children's program, aftercare preventative programming for addiction and recovery services.**

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

### Conflict of Interest Verification (Annual)

We, the undersigned entity, hereby testify that our Organization's Conflict of Interest Acknowledgement and Policy adopted by the Board of Directors/Trustees or other governing body, is on file with the North Carolina Department of Health and Human Services (DHHS). If any changes are made to the Conflict of Interest Policy, we will submit a new Conflict of Interest Acknowledgment and Policy to the Department (DHHS).

Safer Communities Ministry  
Name of Organization  
Randy Leander  
Contractor's Authorized Agent  
7/11/22  
Date  
Randy Leander  
Printed Name of Contractor's Authorized Agent  
Kimberly M. Vaughn  
Signature of Witness  
Kimberly M. Vaughn  
Printed Name of Witness  
Notary Public  
Title  
7/11/22  
Date



IRS Tax Exemption Verification Form (Annual)

We, the undersigned entity, hereby testify that the 501 (c) (3) status is on file with the North Carolina Department of Health and Human Services and is still in effect.

Name of Agency Safer Communities Ministry

Red Leavelle  
Chairman, Executive Director, or other Authorized Official

Sworn to and subscribed before me, this 11 day of July, 22

Kimberly M. Vaughn  
Notary Public

My Commission expires: May 29, 2023

