

STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	
Organization Name:	Surry Medical Ministries Foundation Inc.
Organization Tax ID #:	56-1829347
Project/Activity Title:	Directed Grant
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	December 31
Mailing Address (street, city, state, zip code):	PO Box Mount Airy, NC 27030
Phone Number (area code + number):	336-789-5058 (clinic main line) 336-755-7045 (contact direct line)
Fax Number (area code + number):	336-648-8058
Contact Person:	Nancy Dixon
Contact Person Title:	President
E-Mail Address:	surrymedicalministries@gmail.com

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input checked="" type="checkbox"/> Employee (vol BOD)	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Nancy Dixon		
Phone Number: 336-755-7045		

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
Nancy M Dixon	President
Luke Morrison	Vice President
Lorrie Sawyers	
Doug Draughn	Secretary
David Dixon, MD	Treasurer
John Cox, Pharm D	Medical Director
Hampton Hatcher, R. Ph.	Board Member
Juan E. Sanchez	Board Member
Brenda Scales	Board Member
Jay Seidler, DO	Board Member
Sally Seidler	Board Member
B. McKenzie Sumner, DDS	Board Member
Cathy Stevens	Board Member
Tycho Wood	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: Funds are to support continued operations and facilitate healthcare services to those who are uninsured and/or unable to pay for medical services				
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"/>	X	no
If yes, answer the following:								
a. Name of Subgrantee			b. Program Name			c. Amount Subgranted		

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

SCHEDULE OF RECEIPTS AND EXPENDITURES

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

8. Organization:	
Organization Name:	Surry Medical Ministries Foundation Inc.
Organization Tax ID#:	56-1829347
Organization Fiscal Year End:	December 31
Mailing Address (street, city, state, zip code):	PO Box 349 Mount Airy, NC 27030
Phone Number (area code + number):	336-789-5058 (clinic main number) 336-755-7045 (contact person direct line)
Fax Number (area code + number):	336-648-6058
Contact Person:	Nancy Dixon
Contact Person Title:	President
E-Mail Address:	surrymedicalministries@gmail.com

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
NC-DHHS	Directed Grant	300,000
b. Expenditures		
Category	Dollar Amount	
Personnel		
Contracted Services	80,057.00	
(a)Total Personnel/Contracted Srvcs Costs:		
Office Supplies & Materials (toner, checks)	686	
Service Related Supplies	33,476	
(b)Total Supplies & Material Costs:		
Travel	449	
Communications & Postage (Website build	17,452	
Utilities	5,156	
Printing & Binding	318	
Repair & Maintenance (Custodial, Inspection)	6,386	
Meeting/Conference Expense	0	
Employee Training (no travel)	316	
Classified Advertising	8	
In-State Board Meeting Expenses	0	
(c)Total Non-Fixed Operating Expense:		
Office Rent (Land, Buildings, etc.)	11,050	
Furniture Rental	0	
Equipment Rental (Phones, Computers, etc.)	0	
Vehicle Rental	0	
Dues & Subscriptions (Zoom, GoDaddy)	390	
Insurance & Bonding, Licenses	3,901	
Books/Library Reference Materials	0	
Mortgage Principal, Interest and Bank Fees	0	
(d)Total Fixed Charges & Other Expenses:		
Buildings & Improvements	0	
Leasehold Improvements	0	
Furniture/Non-Computer Equip., \$500+ per item	0	
Computer Equipment/Printers, \$500+ per item	0	
Furniture/Equip., under \$500 per item	449	
(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)	\$ 160,938.00

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	\$300,000
End of the year cash balance	\$139,062

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:	Surry Medical Ministries Foundation, Inc.
Recipient Tax ID #	56-1829347
Project/Activity Title:	Directed Grant
Recipient's Fiscal Year End:	December 31
Report Completion Date:	July 14
Preparer of This Report:	Nancy Dixon

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

Goal:
 Surry Medical Ministries will continue to provide and increase outpatient primary care services to low-income, uninsured persons in the organization's zip code service area of the greater Surry County location.

Expectations:
 Because of continuing to provide these services with funds provided by NC DHHS:
 SMM will be able to increase the number of patients engaged in primary care by 60% in the first 12 months of the funding and total increase of 75% new patients by the end of FY 2023.

SMM will be able to increase the diversity of patients served (by number and percentage of new patients) to closely match the percentage of poverty and uninsured rate of each racial/ethnic group in the service area by end of FY 2023.

SMM will be able to increase the number of dental procedures performed by 50% by end of FY 2023.

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

As of June 30, 2022, the goals and expectations for this project have not been revised.

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.

Progress towards overall goals set for project:

As compared to baseline year (year prior to funding):

1. Number of patients served by clinic increased during 1st 12 months by 60%:

Baseline: Jul 1, 2020 - Mar 31, 2021 = 690 patients

Reporting Period: Jul 1, 2021- Mar 31, 2022 = 1,063 patients **indicating 54% increase = 90% of goal reached w/3 mos. until end of project.**

Baseline: Jul 12021- Jun 30, 2022 = 914 patients

Reporting Period: Jul 1, 2021 – Jun 30, 2022 = 1,287 unique patients served **indicating 41% increase = 70% of 1st 12 mos goal.**

- **Continued increase in numbers of unique patients served shows increased/improved access to healthcare**

2. Increase diversity of patients served (by number and % of new patients) to closely match the % of poverty and uninsured rates stratified by race/ethnicity by end of FY 2023:

Baseline county poverty rates stratified by race: 16% of Whites in Poverty (75% of Co Poverty Population), 18% of Hispanic (28% of Hisp in poverty), 6% Black (25% of Blacks in poverty) 1% Other (11% Other in poverty)

Reporting Period: Jul 1, 2021 – Mar 31, 2022= SMM pts 9 mos into project: 53% W, 40% H, 6% B, 1% Other

Indicates SMM patient percentages reflecting poverty demographics of areas served at 9 mos into project.

Reporting Period: Jul 1, 2021 – Jun 20, 2022= 51% W, 42% H, 5%, B, 1% Other

- **Indicates SMM patient caseload reflects poverty demographics of area served at 12 mos into project.; evidence of reaching those most at need of services**

3. Increase number of dental procedures by 50% by end of FY 2023:

Baseline: 74 dental appts.

Reporting Period: 80 pts **indicates 10% increase = 20% of goal reached with 15 months until end of project.**

Reporting Period: Jul 1 2021- Jun 30, 2022= 116 dental procedures

- **Indicates 57% increase by end of Year 1; 114% of Goal - provides statistical evidence of increased access to dental services**

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

Due to the continuing increasing demand from low-income *uninsured* and also statistically proven need for *affordable healthcare for low-income underinsured persons* in the Greater Surry County area, SMM is forecasting to hire one FT medical provider by YE 2022 and perhaps another FT medical provider by mid-year 2023 to increase medical provider availability. Patients continue to wait 3+ weeks for an open appointment. SMM was approved in June as a NHSC site to provide additional recruiting and retention tools. SMM plans to begin offering services with sliding scale for those over 200% FPL as provider capacity is increased and clinic infrastructure to manage POC fee collection and any 3rd party payors. SMM has 2022-23 plans for increased chronic care case management, additions of onsite MH/SA with strong networking with other programming and increased dental services. A larger facility is also critically needed to allow for these expansions. A USDA loan is in process. All proposed services are billable.

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