

## STATE GRANT COMPLIANCE REPORTING

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

|   |   |
|---|---|
| <b>1. Organization:</b>                             |   |
| Organization Name:                                  | The Gate of Lenoir County                 |
| Organization Tax ID #:                              | 26-2971288                                |
| Project/Activity Title:                             |   |
| Reporting Period:                                   | <b>July 1, 2021 through June 30, 2022</b> |
| Organization Fiscal Year End:                       | 12/31/21                                  |
| Mailing Address<br>(street, city, state, zip code): | Post Office Box 638<br>Kinston, NC. 28501 |
| Phone Number<br>(area code + number):               | 252-939-3223                              |
| Fax Number<br>(area code + number):                 |   |
| Contact Person:                                     | Michael D Fields Sr                       |
| Contact Person Title:                               | Executive Director                        |
| E-Mail Address:                                     | thegateatkinston@gmail.com                |

|   |                                   |   |
|---|-----------------------------------|---|
| <b>2. Preparer:</b> [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING] | <input type="checkbox"/> Employee | <input type="checkbox"/> CPA/Accountant |
| Name of Preparer: SueEllen J Maddux   | Treasurer, Board of Directors     |   |
| Phone Number: 252-468-3920  |                                   |   |

| <b>3. Please provide a list of the Organization's Board Members.</b> [ADD ADDITIONAL PAGES, IF NEEDED] |                    |
|--|--------------------|
| Name of Board Member   | Board Member Title |
| See attached Board Member listing  |                    |
|  |                    |
|  |                    |
|  |                    |
|  |                    |
|  |                    |

|  |                                       |     |                                       |    |
|--|---------------------------------------|-----|---------------------------------------|----|
| <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: None known</u>  |                                       |     |                                       |    |
|  |                                       |     |                                       |    |
| <b>5. Does the organization have a Conflict of Interest policy?</b>  | <input checked="" type="checkbox"/> x | yes | <input type="checkbox"/>              | no |
| <b>6. Is the organization a for profit entity?</b>   | <input type="checkbox"/>              | yes | <input checked="" type="checkbox"/> X | no |

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

|   |
|---|
| <b>8. Program Activities and Accomplishments:</b><br>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. |
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**2022 Board of Directors  
The Gate of Lenoir County**

**CURRENT BOARD MEMBERS (JUNE 2022)**

Susan McKnight, joined Board 8/2017; chairman 10/2018-2021

Rick Vernon, Co-Chairman of the Board

Sue Ellen Maddux, Treasurer / Chair of B2M Board, joined Board 12/2018

Cindy Mallard, Secretary, joined Board 3/2019

Laury Sargeant, joined Board 12/2018, Secretary 2019 – 2021 (resigned May, 2022)

Clint Rouse, Fund-Raising Chair

Khayyam Shepherd, Co-Chairman of the Board, joined Board 9/2021

Ed Eason

The Honorable Judge Imelda Pate

**APPOINTED BOARD MEMBERS:**

Jenee Spencer  
Interim KPD Police Chief

Sheriff Ronnie Ingram  
Lenoir County Sheriff

Felicia Solomon  
Kinston City Councilwoman

## 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:                                  | THE GATE OF LENOIR COUNTY               |
| Organization Tax ID#:                               | 26-2971288                              |
| Organization Fiscal Year End:<br>12/31              |   |
| Mailing Address<br>(street, city, state, zip code): | POST OFFICE BOX 638<br>KINSTON NC 28502 |
| Phone Number<br>(area code + number):               | 252-939-3223                            |
| Fax Number<br>(area code + number):                 |   |
| Contact Person:                                     | MICHAEL D FIELDS SR                     |
| Contact Person Title:                               | EXECUTIVE DIRECTOR                      |
| E-Mail Address:                                     | thegateatkinston@gmail.com              |

| a. Receipts   |                |                |
|---|----------------|----------------|
| Funding State Agency                                | Grant Title    | Total Receipts |
| NC DHHS   | DIRECTED GRANT | 250,000        |
| b. Expenditures                                     |                |                |
| Category  | Dollar Amount  |                |
| Personnel   | 43,681.24      |                |
| Contracted Services                                 | .00            |                |
| <b>(a)Total Personnel/Contracted Srvcs Costs:</b>   | 43,681.24      |                |
| Office Supplies & Materials                         | 536.20         |                |
| Service Related Supplies                            | .00            |                |
| <b>(b)Total Supplies &amp; Material Costs:</b>      | 536.20         |                |
| Travel  | .00            |                |
| Communications & Postage                            | 527.00         |                |
| Utilities   | 577.55         |                |
| Printing & Binding                                  | .00            |                |
| Repair & Maintenance                                | 961.56         |                |
| Meeting/Conference Expense                          | .00            |                |
| Employee Training (no travel)                       | .00            |                |
| Classified Advertising                              | .00            |                |
| In-State Board Meeting Expenses                     | .00            |                |
| <b>(c)Total Non-Fixed Operating Expense:</b>        | 2,066.11       |                |
| Office Rent (Land, Buildings, etc.)                 | .00            |                |
| Furniture Rental                                    | .00            |                |
| Equipment Rental (Phones, Computers, etc.)          | .00            |                |
| Vehicle Rental                                      | .00            |                |
| Dues & Subscriptions                                | .00            |                |
| Insurance & Bonding                                 | 3,211.76       |                |
| Books/Library Reference Materials                   | .00            |                |
| Mortgage Principal, Interest and Bank Fees          | 756.52         |                |
| <b>(d)Total Fixed Charges &amp; Other Expenses:</b> | 3,968.28       |                |
| Buildings & Improvements                            | 10,489.46      |                |
| Leasehold Improvements                              | 2,050.00       |                |
| Furniture/Non-Computer Equip., \$500+ per item      |                |                |
| Computer Equipment/Printers, \$500+ per item        | 619.18         |                |
| Furniture/Equip., under \$500 per item              | 1,431.00       |                |
| <b>(e)Total Property &amp; Equipment Outlay:</b>    | 14,589.64      |                |



|   |                  |
|---|------------------|
| Purchase of Services  | 4,984.00         |
| Contracts with Service Providers                                    | .00              |
| Stipends/Scholarships/Bonuses/Grants                                | .00              |
| <b>(f)Total Services/Contracts:</b>                                 | <b>4,984.00</b>  |
| Food  |                  |
| Other (provide description here): Special Events                    | 5,481.78         |
| Other (provide description here): Vehicle Purchase                  | 7,000.00         |
| Other (provide description here): Vehicle/Equipment Repairs & Maint | 2,430.22         |
| Other (provide description here):                                   |                  |
| <b>(g)Total Other Expenses:</b>                                     | <b>14,912.00</b> |
| <b>Total Expenditures (sum a through g)</b>                         | <b>84,737.47</b> |

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

|                                    |            |
|------------------------------------|------------|
| Beginning of the year cash balance | .00        |
| End of the year cash balance       | 165,262.53 |

**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:              | The Gate of Lenoir County |
| Recipient Tax ID #           | 26-2971288                |
| Project/Activity Title:      |                           |
| Recipient's Fiscal Year End: | December 31m 2022         |
| Report Completion Date:      | July 13, 2022             |
| Preparer of This Report:     | Richard T Vernon          |

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

Institute a Character Development-Self Awareness Program to create a confident, emotionally stable "I Can" community of young people.  
Establish a robust Academic Tutoring Program emphasizing the lack of proficiency in reading and math skills.  
Develop a Life Skills Program focusing on the importance of leadership, accountability, communication, self-presentation, financial literacy, job preparedness and service to the community.  
Create community partnerships giving new energy to Gang Violence, Crime and Youth Conflict.  
Create community pride among our youth allowing them to commit themselves to making our city and county a better, healthier, safer place to learn, live, work and play.
- 2. If applicable, how have those goals and expectations been revised or refined during the course of the project?**

Created a structured calendar of events through our local marketing firm to better communicate the availability of programming and events to the community youth.  
Through this marketing tool we have been able to secure additional programming opportunities, instructors, mentors and volunteers to strengthen promotion of our events.
- 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.**

The availability of this funding has allowed us to grow our interest, participation and engagement in all programs and events. Magic Mile Media of Kinston has increased our presence by hundreds per week through social media platforms. This has made a major impact on the awareness of The Gate and its purpose and desire to reach young people in our area.

We have improved our sound and audio systems for better quality presentations as previous equipment was obsolete and non-functioning.

Facility improvements.

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

**Purchase van(s) for transportation as this is our number one obstacle in getting young people to The Gate facility.**

**Continue facility improvements to allow for more recreational and group activities.**

**Turbo charge our programming and special events to further youth enrichment.**

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