

STATE GRANT COMPLIANCE REPORTING

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

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|---|---|
| 1. Organization: | |
| Organization Name: | Stedman Wade Health Services, Inc. |
| Organization Tax ID #: | 56-1214119 |
| Project/Activity Title: | Directed Grant |
| Reporting Period: | July 1, 2021 through June 30, 2022 |
| Organization Fiscal Year End: | 1/31 |
| Mailing Address (street, city, state, zip code): | PO Box 449 Fayetteville, NC 28395 |
| Phone Number (area code + number): | 910-483-6694 |
| Fax Number (area code + number): | 910-483-2215 |
| Contact Person: | Margaret Covington |
| Contact Person Title: | CEO |
| E-Mail Address: | ceo@swhs-nc.org |

| | | |
|---|-----------------------------------|---|
| 2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING] | <input type="checkbox"/> Employee | <input type="checkbox"/> CPA/Accountant |
| Name of Preparer: Margaret Covington | Yes | |
| Phone Number: 910-483-6694 ext. 7030 | | |

| | |
|--|---------------------------|
| 3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED] | |
| Name of Board Member | Board Member Title |
| Lynetta Allen-Geddie | President |
| Jackie Paul-Ray | Vice President |
| Hazel Stubbs | Secretary |
| Kathia Annett | Treasurer |
| Minerva Gilbert | Board Member |
| Erica Milligan | Board Member |

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|--|---------------------------------------|------------------------------|---|
| 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> There were no restrictions on the grant award document. Stedman Wade is pursuing a medical mobile unit. | | | |
| 5. Does the organization have a Conflict of Interest policy? | <input checked="" type="checkbox"/> X | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 6. Is the organization a for profit entity? | <input type="checkbox"/> | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> X <input type="checkbox"/> no |

| | | | | | | |
|---|-----------------|----------------------|--------------------------|------------------------------|---------------------------------------|-----------------------------|
| 7. Did the organization subgrant or pass down any funds to another organization? | | | <input type="checkbox"/> | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> X | <input type="checkbox"/> no |
| If yes, answer the following: | | | | | | |
| a. Name of Subgrantee | b. Program Name | c. Amount Subgranted | | | | |
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| 8. Program Activities and Accomplishments: |
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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.

3b. Please provide a list of the Organization's Board Members-ADDITIONAL

| Name of Board Member | Board Member Title |
|-----------------------------|---------------------------|
| Jacqueline Bishop | Board Member |
| Donovan McLaurin | Board Member |
| Ann Henicks-Thomas | Board Member |
| Adebiyi Oremosu | Board Member |
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| | |

SCHEDULE OF RECEIPTS AND EXPENDITURES

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

| 9. Organization: | |
|---|--------------------------------------|
| Organization Name: | Stedman Wade Health Services, Inc. |
| Organization Tax ID#: | 56-1214119 |
| Organization Fiscal Year End: | 1/31 |
| Mailing Address (street, city, state, zip code): | PO Box 449 Fayetteville, NC 28395 |
| Phone Number (area code + number): | 910-483-6694 |
| Fax Number (area code + number): | 910-483-2215 |
| Contact Person: | Margaret Covington |
| Contact Person Title: | CEO |
| E-Mail Address: | ceo@swhs-nc.org |

| a. Receipts | | |
|---|--------------------|-----------------------|
| Funding State Agency | Grant Title | Total Receipts |
| DHHS | Directed Grant | \$500,000.00 |
| b. Expenditures | | |
| Category | Dollar Amount | |
| Personnel | | |
| Contracted Services | | |
| (a)Total Personnel/Contracted Srvcs Costs: | | |
| 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: (Medical Mobile Unit) | \$269,289.00 |
| Total Expenditures (sum a through g) | \$269,289.00 |

Unexpended cash balance (do NOT use with reimbursement grants)

| | |
|------------------------------------|---------------------|
| Beginning of the year cash balance | \$500,000.00 |
| End of the year cash balance | \$230,711.00 |

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: | Stedman Wade Health Services, Inc. |
| Recipient Tax ID # | 56-1214119 |
| Project/Activity Title: | Directed Grant |
| Recipient's Fiscal Year End: | 1/31 |
| Report Completion Date: | 6/30/22 |
| Preparer of This Report: | Margaret Covington |

1. What were the original goals and expectations for the activity supported by this grant?
To purchase a medical mobile unit to support the unmet need at the Fayetteville clinic.

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

Goals and expectations have not been revised or refined.

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 chassis and other long term lead time items were ordered in May 2022 for the unit. Now Lifeline must schedule the rest of the order and assembly process. They are still looking to start the process in 12 months (July 2023) and then 9 months (April 2024) to wrap things up. An additional payment is due in 6 months (December 2022) and the remainder will be due on delivery.

4. If the activity is a continuing one, briefly summarize future plans and funding prospects. The mobile unit will be a part of Stedman Wade scope of services. The staff will be paid and supported by Stedman Wade's operational grant and patient fee revenue. Stedman Wade will bill for services and access to medical services will be ongoing.

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