

STATE GRANT COMPLIANCE REPORTING

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

1. Organization:	
Organization Name:	Least of These Ministries, Inc.
Organization Tax ID #:	46-2086133
Project/Activity Title:	
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	12/31/2022
Mailing Address (street, city, state, zip code):	4600 West Old Hwy 64 Lexington, NC 27295
Phone Number (area code + number):	336-787-4357
Fax Number (area code + number):	
Contact Person:	Wendy Marion
Contact Person Title:	Director
E-Mail Address:	WestDavidsonFoodPantry@gmail.com

2. Preparer: (PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING)		<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer:	Wendy Marion		
Phone Number:	336-425-1166		

3. Please provide a list of the Organization's Board Members. (ADD ADDITIONAL PAGES, IF NEEDED)	
Name of Board Member	Board Member Title
Harold Burns	President
Jerry Nelson	Vice President
Secretary/Treasurer	Henry Mitchum
Webster Swicegood, Tom Payne,	
Kaye Leonard, Sheryl Kelley, Bill Kimbrell	
Eddie Pless.	

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: We have no restrictions, but are using it towards our monthly lease payment of \$800.00, paid to H&T Storage.

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:	Least of These Ministries, Inc.
Organization Tax ID#:	46-2086133
Organization Fiscal Year End:	12/31/2022
Mailing Address (street, city, state, zip code):	4600 West Old Hwy 64 Lexington, NC 27295
Phone Number (area code + number):	336-787-4357
Fax Number (area code + number):	
Contact Person:	Wendy Marion
Contact Person Title:	Director
E-Mail Address:	WestdavidsonFoodpantry@gmail.com

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
North Carolina	Directed Grant	10,000.00
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		
Communications & Postage		
Utilities	4,400.00	
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	5,600.00	
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:	
Total Expenditures (sum a through g)	

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	\$10,000.00
End of the year cash balance	Ø

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:	Least of These Ministries, Inc.
Recipient Tax ID #	46-2086133
Project/Activity Title:	Directed Grant
Recipient's Fiscal Year End:	December 31, 2022
Report Completion Date:	8/1/2022
Preparer of This Report:	Wendy Marion

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

Yes they have been. In receiving the grant of \$10,000 has helped us use donations that would have paid for our lease and utilities to be used for extra food items for our clients.

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

We did not have to revise our plan. Our funding has paid our lease and utilities each month.

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.

Due to having the extra funds, we have been able to add 84 new, monthly, elderly clients that were home bound. We have also been able to deliver their food directly to them. By doing this, our served numbers in the month alone of April 2022 were only 353 and by June 2022, we were able to serve 647 clients.

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

We plan to continue serving this new elderly client list, and plan to work closely with the community to seek more individuals that are in need of food and have no transportation to receive it.

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