**State Grants Compliance Reporting ≤ $25,000**

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| Each grantee receiving at least $1 but less than $25,000 should complete the basic information requested here relative to the organization, as well as the accounting for State funds received, used or expended, and a description of activities and accomplishments undertaken by the grantee with the State funds. |

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| 1. **Organization:** |  |
| Organization Name: |  |
| Tax Identification #: |  |
| Organization Fiscal Year End: (mm/dd/yyyy) |  |
| Mailing Address  (street, city, state, zip code): |  |
| Phone Number  (area code + number): |  |
| Fax Number  (area code + number): |  |
| Contact Person: |  |
| Contact Person Title: |  |
| E-Mail Address: |  |

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| 1. **Preparer:** [please indicate who prepared this information by checking] |  | Employee |  | CPA/Accountant |
| Name of Preparer: |  | | | |
| Phone Number: |  | | | |

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| 1. **Please provide a list of the Organization’s Board Members.** [add additional lines, if needed] | |
| **Name of Board Member** | **Board Member Title** |
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| **G.S. 143-6.2 (repealed June 30, 2007), G.S. 143C-6-23 (effective July 1, 2007) and the North Carolina Administrative Code 09 NCAC 03M requires that every non-State entity that receives, uses, or expends any State funds shall use or expend the funds only for the purposes for which they were appropriated, and that the grantee must have a Conflict of Interest Policy. Please answer the following questions:** | | | | | | | |
| 1. 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: | | | | | | | |
| 1. Does the organization have a Conflict of Interest policy? | | | |  | yes |  | no |
| 1. Is the organization a for profit entity? | | | |  | yes |  | no |
| **G.S. 143-6.2 (repealed June 30, 2007), G.S. 143C-6-23 (effective July 1, 2007) and the North Carolina Administrative Code 09 NCAC 03M requires that every non-State entity that receives, uses, or expends any State funds shall use or expend the funds only for the purposes for which they were appropriated, and if the grantee then sub-grants or pass any or part of those funds to another organization, then the grantee must also pass on the reporting requirements to the subrecipient. Please answer the following questions:** | | | | | | | |
| 1. Did the organization subgrant or pass down any funds to another organization? | | | |  | yes |  | no |
| If yes, answer the following: | |  | | | | | |
| a. Name of Subrecipient | b. Program Name | | c. Amount Subgranted | | | | |
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| 1. **Financial Accounting:** [Complete based on total dollars received, used or expended from this grant during this fiscal year] | | |
| 1. **Receipts** | | |
| **Funding State Agency** | **Grant Title** | **Total Receipts** |
|  |  |  |
| 1. **Expenditures** | | |
| **Category** | | **Dollar Amount** |
| Salary/Wages/Benefits | |  |
| Contracted Services | |  |
| Supplies and Materials | |  |
| Travel (example employee mileage, meals, hotel) | |  |
| Communication Costs (example telephone, postage, freight) | |  |
| Occupancy Costs (example rent, utilities, repair and maintenance) | |  |
| Advertising and Promotions | |  |
| Insurance and Bonding | |  |
| Capital Outlay (example furniture/equipment, data processing) | |  |
| Grants and Contracts | |  |
| Fundraising | |  |
| Other (provide description here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| **Total Expenditures** | |  |

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

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| Beginning of the year cash balance | |  |
| End of the year cash balance | |  |
| 1. **Program Activities and Accomplishments:** | | |
| In compliance with the requirements of G.S. 143C-6-23, *Use of State funds by non-State entities*, the following is a description of activities and accomplishments undertaken by our organization using the provided state funding. | | |
| **Original Goals** | **Brief Narrative of Program Accomplishments** | |
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**If there are any questions, please contact the State agency that administered your grant funds.**