|  |
| --- |
| **This form must be completed and sent electronically to the North Carolina Department of Public Instruction at** [**NCGrants@dpi.nc.gov**](mailto:NCGrants@dpi.nc.gov) **by each grantee.**  Each grantee must 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. |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | |  | | | | | | | | | |
| 1. **Preparer:** [please indicate who prepared this information by checking] | | | |  | Employee |  | CPA/Accountant | | | | |
| Name of Preparer: | | | |  | | | | | | | |
| Phone Number: | | | |  | | | | | | | |
| 1. **Please provide a list of the Organization’s Board Members.** [add additional pages, if needed] | | | | | | | | | | | |
| **Name of Board Member** | | | **Board Member Title** | | | | | | | | |
|  | | |  | | | | | | | | |
|  | | |  | | | | | | | | |
|  | | |  | | | | | | | | |
|  | | |  | | | | | | | | |
|  | | |  | | | | | | | | |
|  | | |  | | | | | | | | |
| 1. Please identify the purpose of the grant funds as included in the award document. | | | | | | | | | | | |
| Purpose: | | | | | | | | | | | |
| 1. What restrictions are placed upon the grant by the grant award document? Please describe. | | | | | | | | | | | |
| Restrictions: | | | | | | | | | | | |
| 1. Does the organization have a Conflict of Interest policy? | | | | | | |  | yes |  | no | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. If the grant allowed a subaward, did the organization subgrant or pass down any funds to another organization? (Not Applicable to Federal Grants) | | | |  | yes |  | no |
| If yes, answer the following: | |  | | | | | |
| a. Name of Subgrantee and Contact Information | b. Program Name | | c. Amount Sub granted | | | | |
|  |  | |  | | | | |
|  |  | |  | | | | |
|  |  | |  | | | | |
|  |  | |  | | | | |
| If a grant allowed subrecipients, they will be contacted by Monitoring and Compliance in order to complete these reporting requirements. | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **8. Schedule of Receipts and Expenditures**  Please complete the following schedule of receipts and expenditures. | | | |
| 1. **Receipts** | | | |
| **Funding State Agency** | **Grant Title** | | **Total Receipts** |
| NC Department of Public Instruction |  | |  |
| 1. **Expenditures** | | | |
| **Category** | | **Dollar Amount** | |
| Personnel | |  | |
| Contracted Services | |  | |
| **(a)Total Personnel/Contracted Services 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 | |  | |
|  | | | |
| **Expenditures (continued)** | | | |
| 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 |  |
| End of the year cash balance |  |

|  |
| --- |
| **9. Schedule of Receipts and Expenditures**  A single or program-specific audit prepared and completed in accordance with Generally Accepted Government Auditing Standards, also known as the Yellow Book. The audit should address all state and federal grant funds received through the State of North Carolina. |

If there are any questions, please contact Monitoring and Compliance at [NCGrants@dpi.nc.gov](mailto:NCGrants@dpi.nc.gov).