North Carolina Department of Public Instruction GS 143C-6-23C Reporting State Grants Compliance Reporting ≤ \$25,000

This form must be completed and sent electronically to the North Carolina Department of Public Instruction at <u>NCGrants@dpi.nc.gov</u> by each grantee receiving less than or equal to \$25,000 in total state grant funds.

Each grantee receiving at least \$25,000 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: | | | | | | | | |
| 2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING] Employee | CPA/Acco | ounta | Int | | | | | |
| Name of Preparer: | | | | | | | | |
| Phone Number: | | | | | | | | |
| 3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NI | EEDED] | | | | | | | |
| Name of Board Member Tit | le | | | | | | | |
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| GS 143-6.2 (repealed June 30, 2007), G.S. 143C-6-23 (effective July 1, 2007) and the North Carolina Administrative Code 09 NCAC 03M requires that every non-State entity that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: | | | | | | | | |
| What restrictions are placed upon the grant by the grant award document? If the gr document does not identify specific restrictions, please identify the intended use of included in the award document. | | | s as | | | | | |
| Restrictions: | | | | | | | | |
| 5. Does the organization have a Conflict of Interest policy? | yes | | no | | | | | |
| 6. Is the organization a for profit entity? | yes | | no | | | | | |

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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 | receiv | /es, | |
| uses, or expends any State funds shall use or expend the funds only for the purp | ose | s for | whic | ch |
| they were appropriated, and if the grantee then subgrants or pass any or part of | thos | se fun | ds to | 0 |
| another organization, then the grantee must also pass on the reporting requirem | ents | to th | е | |
| subgrantee. Please answer the following questions: | | | | |
| 7 Did the experimentian subgraph or near down any funds to enother experimetion? | | | | |

| 7. Did the organization subgrant of | or pass down any lunds to another d | organization? | yes | no |
|-------------------------------------|-------------------------------------|-----------------|--------|----|
| If yes, answer the following: | | | | |
| a. Name of Subgrantee | b. Program Name | c. Amount Sub g | ranted | |
| | | | | |
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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 less than or equal to \$25,000.

If there are any questions, please contact Monitoring and Compliance at NCGrants@dpi.nc.gov.