

Name:

Contract #

Period Covered by Report:

Award Amount: \$

Reviewed by: _____
GCSCSF BOARD MEMBER

GREENE COUNTY SENIOR CITIZENS' SERVICES FUND GRANT RECIPIENT'S PROGRESS REPORT

PLEASE NOTE CHANGES IN PROCEDURES ADOPTED BY THE BOARD JUNE 2019

1. What was the purpose of the original request and what were the intended objectives?
2. Who were/are the beneficiaries of this project?
3. Did the grant accomplish the objectives described in #1? How did you reach these conclusions?
4. Could the same results have been produced more effectively with less money?
5. If applicable, were other sources of funds successfully identified for future funding of this program? Please list.
6. If other funds have not been identified, please indicate the reasons.
7. Discuss the lessons learned from this project.
8. Outline publicity received for this grant. Attach copies.
9. Please submit copies of receipts (minus tax charges) for grant projects completed and/or items purchased. Receipts should be accompanied by a tape total and a spreadsheet that matches expenditures to line items listed on original contract.
10. List number of Greene County senior citizens, over 60 years of age, served by this project.
11. Please sign below and send this (3) three page report and unused funds to:

Greene County Senior Citizens' Services Fund Board,
PO Box 9766,
Springfield, MO 65801-9766

Signature of preparer:

E-mail address

Phone number

ALL REPORTS MUST BE SUBMITTED BY JANUARY 31, THE YEAR
FOLLOWING THE GRANT REQUEST.

Any questions regarding the Progress Report should be directed in writing to
gcseniorboard@gmail.com

Please find attached:

**GREENE COUNTY SENIOR CITIZENS' SERVICES FUND BOARD
APPROVED FUNDING REPORT**

EXHIBIT B

CONTRACT #

Item	Amount received from GCSCSFB (Column A)	Amount spent (Column B)
Personnel/salaries		
Subtotal Personnel:		
Program Expenses		
Subtotal, Program Expenses		
TOTAL EXPENSE (Program + Personnel)		

REVIEWED BY GCSCSF MEMBER: _____

Date: _____