**Platte County Senior Center Grant Report**



 **Second Quarter**

Organization’s Legal Name:

Click or tap here to enter text.

Click or tap here to enter text.

Address:

Click or tap here to enter text.

City, State, Zip Code:

Click or tap to enter a date.

Date funds were granted:

 ­­­­­­­­­­­­­­­­­­­­­­**List of Expenses:**

|  |  |
| --- | --- |
| Click or tap here to enter text. | **Original Grant** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | **Balance** |

**Unduplicated Attendance – Total unduplicated Center participants in each month and total unduplicated in the quarter.**

|  |  |  |  |
| --- | --- | --- | --- |
| **April** | **May** | **June** | **Total**  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Monthly Program Unduplicated Participation – Total attendance at each program occurrence per month.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program** | **April** | **May** | **June** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**Results and Impact:**

Click or tap here to enter text.

**Additional Information:**

Click or tap here to enter text.

Electronic submission of the PCSF Senior Center Grant Report can be submitted electronically to dgwin@platteseniors.org.

Click or tap to enter a date.

Click or tap here to enter text.

**Signature** **Date**

 **Signature Date**

**Reporting Obligations**

1. The number of persons aged 60 years and older who were provided services by Provider.
2. The monthly attendance at each senior center operated by Provider.
3. The activities provided to Platte County Residents aged 60 and older.
4. The number of meetings held for Platte County residents aged 60 and older.
5. A profit and loss statement, balance sheet and statement of cash flow of each month of the quarter.
6. A list of resources other than Platte County Senior Citizens Service Fund (PCSCSF), and the amounts of each, that provide funding for the services that are the subject of the agreement.