

**Platte County Senior Citizen Community 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. |
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| 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 participants in each month and total unduplicated for reporting period**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 Citizen Community 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**