

SENIOR CITIZENS SERVICES, Inc.
GRANTEE IMPACT REPORT

This Report is: Six Month Report _____ Final Report: _____

Agency Name:

Month of Award:

Funding Amount Awarded*:	
Funding Amount Spent to Date for the stated purpose:	Number of unduplicated** persons served to date:

* If the funds awarded were less than requested, please explain any modification in the proposed scope of work in the summary below.

Please summarize your program activities to date in the space provided. Include successes and challenges.

Please attach a story of a client served in this program.

Name of the person completing this report, title, contact information, and date:

Signature: _____

Note: Failure to submit either report on time or failure to use funds for the stated purpose will impact future funding consideration.

Submit your report by email to: Sheila@SeniorCitizenServices.org

* An 'unduplicated' person is someone who is counted only once, and that would be the first time they are served, no matter how many times they are served under this grant.