

SENIOR CITIZENS SERVICES, Inc.
GRANTEE IMPACT REPORT

Agency Name: _____

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

Application Month: January__ April__ July__ October__

Award Date: _____

Funding Category: _____

Funding Amount Awarded*:	Funding Amount Spent to Date:
Number of persons estimated to be served:	Number of unduplicated** persons served to date:

*If the funds awarded were less than requested, please indicate amount requested and 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. If funds spent to date and number of persons served are not proportionate to the proposal (i.e. 50% of funds expended and 50% of persons served in the Semi-Annual Report), please explain.

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

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

Signature: _____

Mail to: Senior Citizen Services, Inc., P.O. Box 1229, Clearwater, FL 33757. Must be postmarked by the due date.

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

**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. If serving a household, count all persons age 55 and older in the household.