

Name: \_\_\_\_\_ Contract # \_\_\_\_\_  
Period Covered by Report: \_\_\_\_\_  
Award Amount: \_\_\_\_\_  
Reviewed by: \_\_\_\_\_  
GCSCSFGB MEMBER

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

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.
9. Please submit copies of receipts for work done or items purchased.
10. Please send this two page report and unused funds to:  
Greene County Senior Citizens' Services Fund Board,  
PO Box 9766  
Springfield, MO 65801-9766

**Please find attached:  
GREENE COUNTY SENIOR CITIZENS' SERVICES FUND BOARD  
FUNDING REPORT**

**EXHIBIT B**

**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:		
<b>Program Expenses</b>		
Subtotal, Program Expenses		
TOTAL EXPENSE (Program + Personnel)		

REVIEWED BY GCSCSFB MEMBER: \_\_\_\_\_

Date: \_\_\_\_\_