



City of Mission Viejo

Recreation & Community Services Department Community Services Funding Program **SEMI-ANNUAL PERFORMANCE REPORT 2015-16**

GENERAL INFORMATION

Name of Organization: _____ Phone: _____

Mailing Address: _____ Zip: _____

Report Preparer: _____ Title: _____

Contact Number: _____ Email: _____

Funding Approved: _____ Report Periods: 6-month- **Jan-Jun, 2016** 6-month Report **-Jul-Dec, 2016**
(Due Aug 31, 2016) **(Due Dec 31, 2016)**

ORGANIZATION INFORMATION

Program Funded: _____

Amount Received: \$ _____ Amount Expended to Date: _____

Project Service Dates: _____
(Attach documentation/flier/advertisement to confirm use of grant funds as relevant.)

Total Number of People Served: _____ Number of Mission Viejo Residents: _____

1. City In-kind services received/utilized ,if any:
2. City- Agency Partnerships Implemented, if any:
3. Describe how funds have been used by your organization/agency?
4. List the goals that were achieved by your project this reporting period.

**Community Services Funding Program
Report Form**

5. Provide a report on how the Community Services Funding funds were expended:
 Financial Statement attached or Budget/Expense Sheet below

| CATEGORY | AMOUNT |
|----------------------------|--------|
| Salaries & Benefits | |
| Supplies | |
| Printing Capital Purchases | |
| Professional Services | |
| Facilities & Maintenance | |
| Insurance | |
| Capital Purchases | |
| Other (Please Specify) | |
| TOTAL | |

6. Authorizations:

I hereby certify the information contained in this report is true to the best of my knowledge and belief. I also hereby certify that our organization is in compliance with all state, federal, and local laws regarding licensing and employment practices.

Print Name of Report Preparer: _____ Title: _____

Preparer Signature: _____ Date: _____

Print name of President or Authorized Officer: _____ Title: _____

President Signature: _____ Date: _____

Return this completed report to:

City of Mission Viejo
 Sierra Recreation & Fitness Center
 Attn: Leslie Rea-McDonald
 26887 Recodo Lane
 Mission Viejo, California 92691

Office (949) 470-8412
 Fax (949) 582-2231
 Email: lmcdonald@cityofmissionviejo.org