City of Mission Viejo
Recreation & Community Services Department
Community Services Funding Program
SEMI-ANNUAL PERFORMANCE REPORT- 2016-17

GENERAL INFORMATION

Name of Organization: ______________________________________ Phone: ____________________
Mailing Address: _____________________________________________________ Zip: ____________
Report Preparer: ___________________________________ Title: ___________________________
Contact Number: __________________________________ Email:  ___________________________


Funds Approved: $_______ Funds expended per report period: $________ Funds remaining $_______

PERFORMANCE INFORMATION

1. Describe in detail how grant funds have been used this report period:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2. List dates, name of activity and event location for special events funded this report period, as relevant:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
(Note: attach activity fliers/advertisement/agendas, as relevant to funded activities)

3. Total Number of Individuals Served: ________ Number of Mission Viejo Residents Served: ___________

4. City In-kind services received/utilized, if any:
________________________________________________________________________________________
________________________________________________________________________________________

5. City- Agency Partnerships Implemented, if any:
________________________________________________________________________________________
________________________________________________________________________________________

6. List the goals that were achieved by your project this reporting period.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
7. Using the budget worksheet below, note expenses charged to the grant program this report period.

<table>
<thead>
<tr>
<th>Direct Costs: (Project Specific Costs)</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$</td>
</tr>
<tr>
<td>Supplies</td>
<td>$</td>
</tr>
<tr>
<td>Printing</td>
<td>$</td>
</tr>
<tr>
<td>Professional Services</td>
<td>$</td>
</tr>
<tr>
<td>Materials and Supplies</td>
<td>$</td>
</tr>
<tr>
<td>Insurance/Permits</td>
<td>$</td>
</tr>
<tr>
<td>Capital Purchases</td>
<td>$</td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td>$</td>
</tr>
</tbody>
</table>

**Indirect Costs** (applicable to grant program only, as noted in grant budget)

- Administration Costs: $_________________
- Facility Rents/Maintenance: $______________
- Utilities- Gas, electricity, telephone: $______________
- Depreciation: $_________________
- Other: Specify: ____________________ $ ________________

**GRAND TOTAL EXPENSES** $______________

8. 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:

Norman P. Murray Community and Senior Center
24932 Veterans Way
Mission Viejo, California 92692
Attn: Leslie Rea-McDonald
Office (949) 470-8412 / Fax (949) 855-6932
Email: lmcdonald@cityofmissionviejo.org