



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: _____

Specify Report Periods: 6-month- **Jan-Jun, 2017**
(Due Aug 31, 2017) 6-month Report -**Jul-Dec, 2017**
(Due Dec 30, 2017)

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.

**Community Services Funding Program
Report Form**

7. Using the budget worksheet below, note expenses charged to the grant program this report period.

Direct Costs: (Project Specific Costs)	AMOUNT
Salaries & Benefits	\$ _____
Supplies	\$ _____
Printing	\$ _____
Professional Services	\$ _____
Materials and Supplies	\$ _____
Insurance/Permits	\$ _____
Capital Purchases	\$ _____
Other (Please Specify)	\$ _____

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