



City of Mission Viejo

# Recreation & Community Services Department Community Services Funding Program SEMI-ANNUAL PERFORMANCE REPORT- 2021-22

## GENERAL INFORMATION

Name of Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Report Preparer: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Specify Report Period:  6-month Report, 7/1/21–12/31/21 (Due: **January 31, 2022**)  6-month Report, 1/1/22–6/30/22 (Due: **July 29, 2022**)

Funds Approved: \$ \_\_\_\_\_ Funds expended per report period: \$ \_\_\_\_\_ Fund remaining: \$ \_\_\_\_\_

## PERFORMANCE INFORMATION

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

2. List dates of activities/services/trainings and **method of service delivery i.e. (virtual, on-site or both)**

(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 during this report period:

**Community Services Funding Program  
Report Form**

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

<b>Direct Costs: ( Project Specific Costs)</b>	<b>AMOUNT</b>
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](mailto:lmcdonald@cityofmissionviejo.org)