

**Program Progress Report
Grants of \$10,000 or Less**

Organization Name: _____

Grant Amount: _____

Program Period: _____ to _____

PROGRAM ACCOMPLISHMENTS:

DESCRIBE IN DETAIL the specific activities that your organization provided with these grant funds. This description should be consistent with the service and activity objectives outlined in the Legislative Initiative Form (LIF) received by your organization and our Office. This report should include an explanation of the actual expenditures made and how they enhanced and/or supported the program. If personnel or consultant costs were funded, provide a complete description of each individual's job responsibilities as it pertained to the grant funding. A description of the types of services provided, e.g., Adult Day Services, Transportation, Home Delivered Meals, Recreation, etc. must be included. Also, please quantify the units of service provided, where possible. **DUPLICATING THE PURPOSE OF PROJECT FROM YOUR LEGISLATIVE INITIATIVE FORM IS NOT AN ACCEPTABLE DESCRIPTION OF YOUR PROGRAM ACCOMPLISHMENTS.** Attach additional pages if needed.

Signature

Name

Title

Date

Telephone

