

Leon County - Grants Program Office

Agency Request for Funds
 FY 2009/10 Community Human Services Partnership

Name of Agency		Reporting Month/Period	
Current Request for Funds	Total Expenditures of Funds To-Date	Balance of Funds on Hand	

Expenditure Details (project budget must match budget in agreement)				
Cost Category	Project Budget	Current Expenditures of Funds	Total Expenditures to-Date (amount spent)	Unexpended Budget (Remaining funds)
1. Personnel Services				
2. Contractual Services				
3. Materials and Supplies				
4. Occupancy and utilities				
5. Equipment, rental and maintenance				
6. Printing and copying				
7. Telephone				
8. Travel				
9. Direct Services				
10. Collaboration Activities				
11. Other: Specify				
TOTALS				

Leon County – Grants Program Office

Report of Clients Served

Agency Name: _____

Program Title: _____

Reporting Period: _____

1. Aggregate Benefit - Client Demographics

a. Persons Served	Total	White not Hispanic Origin	Black not Hispanic Origin	American Indian or Alaskan Native	Hispanic	Asian or Pacific Islander
Male						
Female						
Low Income						
Very Low Income						
Very, Very Low Income						
Clients Served More Than Once						
Female Headed Households						
b. Age Groups of Clients						
0-5						
6-12						
13-18						
19-25						
26-39						
40-54						
55 - above						

2. Number of Clients Served By Census Tract Area During this Reporting Period

Census Tract Number	Number of Clients Served	Census Tract	Number of Clients Served In	Census Tract	Number of Clients Served In
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	In Census Tract Area	Number	Census Tract Area	Number	Census Tract Area
1		10.02		19	
2		11.01		20.01	
3		11.02		20.02	
4		12		21	
5		13		22.01	
6		14		22.03	
7		15		22.04	
8		16.01		City-wide	
9.01		16.02		*Homeless	
9.02		17		Other: Specify	
10.01		18			

*Individuals who are currently homeless or living in temporary and unstable living situations.

3. Record of In-Kind Contributions During this Reporting Period

Activity (Volunteer hours, Fund Raiser, Donations, etc.)	Possible Dollar Value
Total Estimated Value =	

4. PROGRAM NARRATIVE

1. Progress toward meeting contract **goals and objectives** (restate program goals/objectives as stated in the Agency Agreement and describe how they are being met - include all **tasks/activities** accomplished during this reporting period). (Discuss any significant obstacles in meeting stated goals/objectives.)
2. List **collaborative activities** conducted during this reporting period.
3. Do you require any changes in the Agency Agreement such as modifying stated goals and objectives?
4. Do you require any technical assistance in order to achieve program goals, objectives, etc. (please explain)?

Please note: Verification Section must be completed in order to process request for funds.

Verification Section must have original signature of Agency Director

Fiscal Report Prepared By: _____ Date: _____

Client Data/Narrative Prepared By: _____ Date: _____

Agency Contact Person: _____ Telephone: _____

Signature of Agency Director: _____ Date: _____