

GLENDALE'S FROM THE HEART PROGRAM

Financial and Activity Report

Annual Report

Due Date: July 31, 2012

Agency Name: _____

Program Name: _____

Please respond to the following program information for Glendale residents served:

Units of Service/Activity: _____ Number of Clients: _____

PROGRAM INCOME	Funds Received This Period	Funds Expended This Period
FROM THE HEART	\$	\$
	\$	\$
	\$	\$
Sub-Total	\$	\$
Other Funding Sources (list)		\$
Total Income	\$	\$

PROGRAM EXPENSES – ***FROM THE HEART ONLY***

**Please list the top three expenses in each category. For semi-annual report, report expenses July 1, 2011-December 31, 2011. For annual report, report expenses July 1, 2011-June 30, 2012*

Personnel. Provide the names and titles of key project personnel.		
1. Name/Title of Position	Wage or Salary	Total
<i>(List Employees)</i>	\$	\$
2. Employee Related Expenses	N/A	\$

(List Expenses)		\$			
Subtotal		\$			
3. Travel. Indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs.					
From/To	# of People	# of Travel Days	Lodging Costs	Transportation Costs (Airfare and Mileage)	Total
					\$
Subtotal					\$
4. Office Supplies and Materials. Include consumable supplies and materials to be used in the project.					
Item	Cost		Total		
	\$		\$		
Subtotal			\$		
5. Consultant Fees. Include payments for professional and technical consultants participating in the project.					
Name and Type of Consultant			Total		
			\$		
Subtotal					
6. Other (specify).					
Item	Cost		Total		
Subtotal					

PROGRAM EXPENSES Summary	
Category	Total
1. Personnel	\$
2. Employee Related Expenses	\$
3. Travel	\$
4. Office Supplies and Materials	\$
5. Contract Services	\$
6. Other	\$
TOTAL PROJECT COSTS	\$

Describe Program Activities (Entire Year):

Describe any problems encountered and the modifications made:

Did the grant enable your agency to meet the goals outlined in the grant request? Please be specific.

Describe how the FROM THE HEART award improved services to Glendale residents?

Prepared by (please print): _____
Name and Title

Submitted by (please print): _____
Name and Title, Board Chair (or assigned representative)

Signature: _____
Name

Phone Number: () _____

Please send completed and signed form to:

Mayor's Office-From the Heart
City of Glendale
5850 West Glendale Avenue
Glendale, Arizona 85301-2599