

**GLENDALE'S FROM THE HEART PROGRAM
2012**

**Financial and Activity Report
Semi-Annual Report
Due Date: March 5, 2012**

Semi-Annual reports must be submitted if recipient intends to apply in future funding cycles.

Agency Name: _____

Program Name: _____

Amount Requested: _____

Amount Received: _____

***Note: If the amount received differs from the amount requested, applicant MUST submit a revised Program Description and Program Budget.

Amended Program Description:

Amended Budget (must match amount received):

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	\$			
<i>(List Expenses)</i>		\$			
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	
	\$	
<i>Subtotal</i>		
6. Other (specify).		
Item	Cost	Total
<i>Subtotal</i>		

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