



PROGRAM GRANT OUTCOMES REPORT

REPORTING DATES (Check One):

_____ First six months (July through December) Due 3 weeks following the end of this period.

_____ For the Grant Year (July through June) Due 3 weeks following the end of this year's grant.

Agency or Organization: _____

Program: _____

Outcome Objective(s):

Outcome Results:

Performance Measure(s) Used:

Number of Clients served (non-duplicated): _____ (Jewish) _____ (Total)

Number of Program hours (# of Individuals x # of programs x time length of each event):

_____ (Jewish) _____ (Total)

Total Cost of Program: \$ _____ Amount Funded by GMJSS: \$ _____

Amount Funded from other sources: \$ _____

Please attach year-to-date program budget vs. actual income/expense report form.

Other Comments:

Executive Director or Board President

Date

Please send completed forms via email to Daniel Laser, Executive Director, at DLLaser@GoldenManor.net