

Senior Grant Close out Form

This form must accompany the final grant request

Date:						
Date Grant Awarded:						
Name o	lame of Organization					
Addres	s	-				
FEIN _						
Period	covered by this grant: (month/day/year)					
From:	/ / To: / /					
1.	What activities did the grant support and what did the grant accomplish during covered by the grant?	ng the time period				
2.	Were you able to carry out ALL planned project activities to which the grant p please explain.	ertained? If not,				

3.	Beyond the project's direct accomplishments, what was the impact on - or benefit to - your
	community?

INDIVIDUALS BENEFITTED

Please provide counts for the seniors who directly benefited by the grant funds. Leave blank any categories that are not applicable or for which actual figures/supportable estimates do not exist.

Participants ages:

55 -60	
61 -65	
66 - 70	
Over 70	
Total (A)	

Provide geographic counts for the seniors who directly benefited by the grant funds. Leave blank any categories that are not applicable or for which actual figures/supportable estimates do not exist.

Participants Residency:

Amelia Island (non Fernandina Beach)	
Bryceville	
Callahan	
Fernandina Beach	
Hilliard	
Rural	
Yulee	
Total – must agree with total A above	

Revised 01/12/2020 Page 2

Revised 01/12/2020 Page 3