

GLENDALE'S FROM THE HEART PROGRAM
 Financial and Activity Report
 Annual Report July 2011

Agency Name: _____

Program Name: _____

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

PROGRAM EXPENSES – *FROM THE HEART ONLY*

Personnel	\$	\$
Employee Related Expenses	\$	\$
Travel	\$	\$
Operating	\$	\$
Contract Services	\$	\$
Other	\$	\$
Total Expenses:	\$	\$

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

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

Describe Program Activities:

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?

Submitted by (please print): _____
Name and Title

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