

Livingston County Consortium on Aging 2018 Grant Follow-Up

Please attach a typed document using the below template to this document and submit via email to lcco48843@gmail.com or by postage mail to: Livingston County Consortium on Aging, P.O. Box 142, 4337 Grand River Ave, Howell, MI 48843

Name of Organization

Contact Person

Contact Person Information

Details of Grant:

1. Title of Grant Request.
2. What is the status of the program/project? Started? In-Process? Completed?
3. How many senior were positively affected with this grant?
4. Was this a successful, new venture or was it meant to enhance an already existing program? If it was mean to enhance an already existing program, please describe how the funds from the grant were impactful.
5. Please describe how your organization positively impacted one or all of the following:
 - a. Active aging
 - b. Aging in Place
 - c. Community Engaging Seniors
 - d. Community Infrastructure
6. Describe the program/project and how it specifically met the needs and the impact of Livingston County seniors.
7. Please provide evidence of the positive impact that this grant has created. Use photos, Success stories, testimonials, etc.

Please read statement below as a reminder on the agreement in the request of documents and sign that you have read and understand the statement:

I understand that a status or completion report of any previous grants must be supplied and completed and approved by the consortium board before an application for an additional grant will be accepted.

I understand that if circumstances of the organization change and your organization wish to redirect the grant funding, a written intent and justification must be submitted to the LCCOA grant officer before the reallocation of funds. Redirecting and reallocation the funds without prior knowledge and approval of the consortium may jeopardize the possibility of future funding.

Signature of Grant Recipient: _____ Date: _____

Printed Name of Grant Recipient: _____