**Livingston County Consortium on Aging 2021 Grant Follow-up**

Please attach a typed document answering the following questions and submit via email to lccoa48843@gmail.com or by postage mail to Livingston County Consortium on Aging Box 142 4337 Grand River Howell, MI 48843

Organization Name :

Contact Person:

1. Title of request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Has the program or project been started/in process/completed?

3. How many seniors were positively affected?

4. Was this a successful new venture or meant to enhance an already existing program? If meant to

enhance, please describe how the granted monies were impactful.

5. Please describe how your organization positively impacted one or all of the following

requirements: active aging, aging in place, community engaging seniors or 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 gift has created, with photos, success

stories, testimonials, etc.

Please sign below as a reminder of the agreement in the request documents:

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 reallocating the funds without prior knowledge and approval of the consortium may jeopardize future funding.

Signature of grant recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_