

Grant Recipient Name:

Provide total number of Camden County Seniors Utilizing Services (enter number of individual Camden Seniors you provided service to).

Month	2022 Number Served	2021 Number Served
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Identify the Services you provided, number of times /month each service provided and number of participants below (acupuncture, visits for senior yoga, lap swim, vaccines, labs ect.. Enter in light blue area the service you provide and number of times according to month. If you need additional columns print off another copy of this form and identify additional services.)

Services									
January									
Feb									
March									
April									
May									
June									
July									
Aug									
Sept									
Oct									
Nov									
Dec									

Total Grant received:

\$

Enter Funds utilized for each month for Camden Seniors:

Month	Amount used	Amount Remaining
January		
February		
March		
April		
May		
June		