

# BALIN ACCOUNTING OF FUNDS SPENT

## 2008 Grant

### Dr. Hildegard H. Balin Charitable Trust

C/o Catherine N. Horton, Chairman of the Advisory Committee

P.O. Box 90960

Santa Barbara, CA 93190-0960

(805) 730-1905

#### **Interim Report:**

Please submit a report on the status of your current project as of June 30, 2009, no later than July 31, 2009. However, if you plan to apply for a grant in 2009, include a copy of this report with each copy of your new grant application. Please 3-hole punch copies

#### **Final Report:**

If your current project is not complete by June 30, 2009, please submit a final report as of December 31, 2009, no later than **January 31, 2010**. *Reminder: Please make another copy of this form if necessary.*

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Title: \_\_\_\_\_

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

#### A. Primary Geographical area(s) of service within Santa Barbara County:

- Santa Barbara       Goleta       Carpinteria       Santa Maria Valley  
 Lompoc Valley       Santa Ynez Valley       Other \_\_\_\_\_

#### B. Please make a brief statement outlining the accomplishments and challenges of the Program funded by the Balin Charitable Trust:

C. Financial

Type of grant received: [ ] Capital [ ] Operating Support [ ] Special Project

Amount of Balin Grant received in the Year 2008	\$
Amount Expended as of June 30, 2009	\$
Amount Remaining (if any) as of 12/31/09	\$

D. Services Provided to **Elderly Persons: Non-Duplicated Clients**

Projected # of county elderly to be served within contract year (as identified in grant request) \_\_\_\_\_

Actual # of elderly served as of 6/30/09 \_\_\_\_\_; as of 12/31/09 \_\_\_\_\_

# of **low-income** elderly (unduplicated) served as of 6/30/09 \_\_\_\_\_ as of 12/31/09 \_\_\_\_\_

Please indicate, as applicable, *how many units of service provided*: For example:

# Meals Served \_\_\_\_\_ # Hours Given \_\_\_\_\_ # of Visits \_\_\_\_\_ Other \_\_\_\_\_

Geographical location(s) of elderly served. *(Please use geographical breakdown on Page 1, Item A.)*

Geographical location	Total # of elderly served	% of low income elderly served

E. Services Provided to **Dogs:**

Type of Service(s) provided (as identified in grant request): \_\_\_\_\_

Projected # of county dogs to be served within contract year (per grant): \_\_\_\_\_

Actual # of dogs (unduplicated) served as of 6/30/09 \_\_\_\_\_: as of 12/31/09 \_\_\_\_\_

Average # of Days Stay in Facility \_\_\_\_\_ Include copies of project bills (if possible).

Geographical location(s) of services provided.

*(Please use geographical breakdown on Page 1, Item A.)*

Geographical location	Total # of dogs served