



**City of Naperville, Illinois
CY17 Social Services Grant
Six-Month Program Report**



Section One: General Information

Organization Name: _____

Service/Project Name: _____

Contact Person Name and Title: _____

Address: _____

Telephone: _____ Fax Number: _____

Email: _____

Section Two: Event/Service/Program Information

Please describe the progress-to-date of your service/project. Be sure to note any changes from your original proposal and goals. Keep this description to no more than two pages.



**City of Naperville, Illinois
CY16 Social Services Grant
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Section Three: Certification

To the best of my knowledge and belief, the statements contained in this report are true, correct, and represent the complete accounting of this service/project.

Signature: _____ Date: _____

Print Name: _____ Title: _____

To be in compliance with your grant agreement, please return this completed form and any attachments by November 10, 2017 to:

Ruth Broder
Community Grants Coordinator
400 S. Eagle Street
Naperville, Illinois 60540
BroderR@naperville.il.us
(630) 305-5315