

SENIOR CITIZENS MILL LEVY/MATCH ANNUAL REPORT

Title Telephone Number During this reporting period, how many seniors did you serve with ONLY Mill Levy/Match Funds? NOTE: Wherever the term "Mill Levy Dollars" is used it is meant to include ALL Mill Levy/Match Funds. 1. Amount of Mill Levy/Match Dollars on hand on January 1. (this is the balance as stated on the previous report) 2. Amount of Mill Levy/Match Funds available for the year (Add lines 1 and 2) 4. During this reporting period, indicate below how the Mill Levy/ Match dollars were spent for the following: a. Administrative or Maintenance of Senior Center (Example: Utilities, supplies, insurance, etc.) b. Services/Programs: Mill Levy/Match Services Number of Units Dollars Spent Congregate Meals Home Delivered Meals Outreach Chore Health Transportation Other (List): Other (List): Other (List): Other (List): TOTAL Section b c. Other (not Admin/Mtnc/Prog/Services)	OFFICE OF STATE TREAS	SURER				NDCC 57-15-56
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	,	/ mill levy/match fu	nds are rem	aining)		

The individual signing this report makes the following assurances:

YES	NO	Please Initial:
		The organization is incorporated as a non-profit organization.
		The budget was approved by the membership and governing body.
		The mill levy dollars received were kept in a separate fund.
		Generally accepted accounting principals were followed.
		5. Funds were expended for the purposes budgeted.
		6. The money applied for under this section (NDCC 57-15-56) was used for the purpose of establishing or maintaining services and programs for senior citizens, including the maintenance of existing senior citizen centers which provide informational, health, welfare, counseling and referral services for senior citizens, and assisting such persons in providing volunteer community or civic services.

INDIVIDUAL COUNTY/CITY COMMISSIONS MAY REQUIRE ADDITIONAL INFORMATION NOT CONTAINED IN THIS REPORT.

PROVIDERS OF SERVICE:

FORWARD THIS ANNUAL REPORT TO YOUR COUNTY / CITY AUDITOR BY JANUARY 15. **ELECTRONIC SIGNATURES ARE ACCEPTED.**

Signature			
Title			Date
FOR COUNTY / CITY	AUDITORS ONLY:		
purpose	that the Mill Levy/Match Funds received in es permitted for the expenditure of the proce Century Code.		
Send only ONE repor	t for your County / City by February 1 to:		
	OFFICE OF STATE TREASURE 600 EAST BOULEVARD AVEN BISMARCK, ND 58505-0600	 -	
County / City Reporting			
Auditor's Signature			
Telephone Number	Email Address		Date
* Flectronic signature	s are accepted by the Office of State Treasu	Irer	