NAME OF AGENCY:_____Program #_____

PERIOD COVERED ___ (January 1-May 31, 2009) ___ (June 1-September 30, 2009) ____(October 1-December 31, 2009)

Agency's General Hours of Service:_____

Dates of Agency's Scheduled Closings:

PLEASE FORWARD TO US COPIES OF ANY PROGRAM FLYERS/INFORMATION GIVEN TO THE COMMUNITY

Actual Starting & Ending Dates	Days /Hours	Activity/Service	Site/Location	Staff Name