

# CENA Monthly Meals and Attendance Events, Fundraisers and Activities

**MM/DD/YY:** \_\_\_\_\_

Note: Please Complete Only ONE form for each month. Do not combine 2 or more months.

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

Senior Center: \_\_\_\_\_

Representative/Contact Person: \_\_\_\_\_

I verify all is true and correct to the best of my knowledge.

Calendar Month: \_\_\_\_\_

Carry out or Homebound Meals: \_\_\_\_\_

(Please note: Provide monthly total of all carryout/homebound meals, "whether paid for or not".)

Meals Eaten or Served in Center: \_\_\_\_\_

(Please note: Provide monthly total of all meals served in your center, "whether paid for or not".)

Total All Meals: \_\_\_\_\_

## Monthly Attendance for Events, Fundraisers, Activities:

Please list below and give an approximate head count for each event, fundraiser or activity. (Example: Bake Sales, Community Events, Dances, Funerals, Game Days, Meetings, Reunions, Showers, Voting, etc.)

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Total Monthly Attendance: \_\_\_\_\_

(Please note: Persons eating or served at the site should be included in "Total Attendance".)

Do you have reimbursements for this month? Yes \_\_\_\_\_ or No \_\_\_\_\_

(Please note: Check "Yes" if you are sending in Reimbursements for any particular month, even if your "Total Awarded Funds" have already been reimbursed.)