

Message/Number of First Report	Funder	Contract Manager/Contract Identifier	Contract Amount	Contract Period	Program Name/Area	Reportable Outcomes	Cost Based (Y/N)	Programmatic Reporting Deadline	Person Responsible For Narrative Reporting	Submission Type	Financial Reporting Deadline	Person Responsible For Financial Reporting	Submission Type	Reporting Instructions	Sign on Cover Page of Website?	Important Notes
		Contact Name Title Email Address Phone Number				1. Outcome #1 2. Outcome #2										
Respite Care/Case	Seneca Funder		\$50,000	01/01 - 01/31/24	General Shelter Operations	1. Outcome #1 2. Outcome #2	Y	Monthly on the 15th for services rendered in the prior month	Respite Care/Case	via email to EMAIL ADDRESS	Monthly on the 15th for services rendered in the prior month	Respite Care/Case	via email to EMAIL ADDRESS	inclusion of page or name on any materials requires pre-approval. Submission date of proposed report must be emailed.	Y	Report must not exceed three pages and financial report must be accompanied by organization wide financial reports, semi-annually.
Respite Care/Case	Seneca Funder	Contact Name Title Email Address Phone Number	\$75,000	01/01 - 12/31/2024	Mobile Programming	1. Outcome #1 2. Outcome #2 3. Outcome #3	N	Interim Report 2/15/24 Final Report 8/15/24	Respite Care/Case	Online Portal LINK	No financial report required	Respite Care/Case	via pre approval required		Y	via pre approval required