

**Los Medanos Community Healthcare District  
2020-2021 FINAL Report**

The final report is required prior to receiving any additional funding and is a requirement of the award agreement. The final report must be submitted to the Los Medanos Community Healthcare District ("LMCHD") using **this format** by the date specified in the award agreement.

|                        |                                    |                                 |  |
|------------------------|------------------------------------|---------------------------------|--|
| Date Report Submitted: | 9/13/2021                          | Date Award Contract was Signed: |  |
| Award Amount:          | 20,000.00                          | Award Term From/To:             |  |
| Organization:          | Pittsburg Youth Development Center |                                 |  |
| Program Title:         | A Time to heal                     |                                 |  |
| Contact Person:        | Willie Moffett/Matt Belasco        |                                 |  |
| Email:                 |                                    |                                 |  |
| Phone Number:          | 925-473-2362                       |                                 |  |

Please designate:  Fall Grant  Summer Grant  District Sponsored (DPAC)  Other

Have there been any changes to your organization's IRS 501(c)(3) not-for-profit status since you received this award?

Yes  
 No

If yes, please explain:

**1. List program objectives as detailed in the introductory summary and project description sections of your funding application and the progress achieved:**ObjectivesProgress

N/A

**2. List measurable outcomes as detailed in the project evaluation section of your funding application and the progress achieved:**OutcomesProgress

N/A

**3. List the population(s) served by the project and the number of people served:**Population(s) servedNumber

N/A

**4. List unexpected developments, if any, that affected program operation:**DevelopmentResolution/Status

N/A

**5. Were there unanticipated results, either positive or negative, not already described? If yes, discuss implications, lessons learned and/or program changes planned as a result:**ObjectiveProgress

Due to unforeseen circumstances and the ongoing challenges the Pandemic have brought, we were unable to complete the project and therefore we are returning the Grant funds. We will apply again in the Fall and we will be better equipped to complete the project

Cumulative account of LMCHD Health and Wellness award funds

| <i>DESCRIPTION</i>                            | <i>TOTAL PROJECT BUDGET</i> | <i>LMCHD APPROVED AMT<sup>1</sup></i> | <i>EXPENDITURES</i> | <i>UNEXPENDED</i> |
|---|-----------------------------|---------------------------------------|---------------------|-------------------|
| <b>PERSONNEL</b>                              | \$                          | \$                                    | \$                  | \$                |
|   |                             |                                       |                     |                   |
|   |                             |                                       |                     |                   |
|   |                             |                                       |                     |                   |
|   |                             |                                       |                     |                   |
|   |                             |                                       |                     |                   |
| <b>SERVICES &amp; SUPPLIES</b>                | \$                          | \$                                    | \$                  | \$                |
|   |                             |                                       |                     |                   |
|   |                             |                                       |                     |                   |
|   |                             |                                       |                     |                   |
|   |                             |                                       |                     |                   |
|   |                             |                                       |                     |                   |
| <b>FIXED COSTS</b>                            | \$                          | \$                                    | \$                  | \$                |
|   |                             |                                       |                     |                   |
|   |                             |                                       |                     |                   |
|   |                             |                                       |                     |                   |
|   |                             |                                       |                     |                   |
| <b>FACILITY USAGE</b>                         | \$                          | \$                                    | \$                  | \$                |
|   |                             |                                       |                     |                   |
|   |                             |                                       |                     |                   |
|   |                             |                                       |                     |                   |
| <b>OTHER OR IN-KIND<br/>(Please Describe)</b> | \$                          | \$                                    | \$                  | \$                |
|   |                             |                                       |                     |                   |
|   |                             |                                       |                     |                   |
|   |                             |                                       |                     |                   |
|   |                             |                                       |                     |                   |
| <b>TOTALS</b>                                 |                             | \$                                    | \$                  | \$                |

<sup>1</sup> This should match the funding amount as stated in the award agreement.

Summarize and tally all receipts, invoices, and other payment here. Total should match total expenditures from Section B.

| <b>Sales Receipts and Paid Invoices<sup>2</sup></b> |  |                             |                              |                                   |                 |
|---|--|-----------------------------|------------------------------|-----------------------------------|-----------------|
| <b>Vendor<sup>3</sup></b>                           | <b>Expense Description<sup>4</sup></b> | <b>Category<sup>5</sup></b> | <b>Date Paid<sup>6</sup></b> | <b>Payment Method<sup>7</sup></b> | <b>Amt (\$)</b> |
|   |  |                             |                              |                                   |                 |
|   |  |                             |                              |                                   |                 |
|   |  |                             |                              |                                   |                 |
|   |  |                             |                              |                                   |                 |
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|   |  |                             |                              |                                   |                 |
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|   |  |                             |                              |                                   |                 |
|   |  |                             |                              |                                   |                 |
|   |  |                             |                              |                                   |                 |
|   |  |                             |                              |                                   |                 |
|   |  |                             |                              |                                   |                 |
| <b>Total<sup>8</sup>:</b>                           |  |                             |                              |                                   | <b>\$</b>       |

<sup>2</sup> This summary should match 1-for-1 to copies of receipts, invoices, and or bank transactions supplied. In other words, it should be possible to match each row with one and only one sales receipt, invoice, or bank transaction.

<sup>3</sup> Name of vendor, contractor, or payee as shown on receipt, date-stamped paid invoice, or bank statement.

<sup>4</sup> Brief description of items purchased.

<sup>5</sup> Personnel, Services & Supplies, Fixed Costs, Facility Usage, Other.

<sup>6</sup> This date should match the date of sales receipt, date/timestamp from invoice, or transaction date from bank statement.

<sup>7</sup> Enter either the check number, CC (credit/debit card), or ACH (electronic transfer).

<sup>8</sup> Total should match total expenditures from Section B.

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**DOCUMENTATION**

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**SECTION D**

I have attached copies of checks, receipts, bank statements, and other supporting documentation to support the information provided in Section C.

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**CERTIFICATION**

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**SECTION E**

Report prepared by:

Matthew Belasco - 9/13/2021 9254732362

Print Name & Signature

Date

Phone

I certify all expenditures were for services required by the above-referenced contract and personally attest to the veracity of information contained in this report.

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone