SENIOR CITIZENS MILL LEVY/MATCH ANNUAL REPORT

OFFICE OF STATE TREASURER

SFN 58180 (9-2022)

NDCC 57-15-56

Reporting Period
January 1, through December 31,

Name of City or County			
Address	City	State	Zip Code
Contact Person			
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 Dollars received this reporting period (January 1 through December 31)	
3. Total 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	Mill Levy/Match Number of Units	Mill Levy/ Match Dollars Spent
Congregate Meals		
Home Delivered Meals		
Outreach		
Chore		
Health		
Transportation		
Other		
Other		
Other		
Other		
TOTAL Section b		

c. Other (not Admin/Mtnc/Prog/Services)

5. Total of 4a, 4b, 4c:	
6. Amount of Mill Levy/Match Dollars left at year end (December 31) (Subtract line 5 from line 3):	
7. Anticipated purpose for ending balance (if any mill levy/match funds are remaining)	

The individual signing this report makes the following assurances:

YES	NO	(Please Initial)
		1. The organization is incorporated as a non-profit organization.
		2. The budget was approved by the membership and governing board.
		3. The Mill Levy dollars received were kept in a separate fund.
		4. 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:

_____ I certify that the Mill Levy/Match Funds received in the previous year have been budgeted for the same purposes permitted for the expenditure of the proceeds of that as levied under section 57-15-56 of the North Dakota Century Code.

Please send only **ONE** report for your County / City by February 1 to:

OFFICE OF STATE TREASURER
600 EAST BOULEVARD AVENUE – DEPT. 120
BISMARCK, ND 58505-0600

County / City Reporting		
Auditor's Signature		
Telephone Number	E-mail Address	Date

* Electronic signatures are accepted by the Office of State Treasurer.