**UJA-FEDERATION OF NEW YORK**

**JEWISH COMMUNAL NETWORK DEPARTMENT**

**BUILDING REPAIR FINAL REPORT FORM**

We are pleased your agency has benefited from a grant through the Jewish Communal Network Department’s Building Repair program. As you know, UJA-Federation of New York requires a final report as per your grant approval letter. Please complete this report by answering all of the questions and return, unless otherwise notified, by **Friday,** **August 18, 2017**. Submit the reports to NetworkGrants@ujafedny.org.

**Instructions**: Submit the following three documents to NetworkGrants@ujafedny.org:

1. Final Report - Please complete this report by answering all of the questions once the project is complete.
2. Grant Financial Reporting form – Form Type: Final Report
3. Backup documentation – i.e. Invoice(s) from vendor(s), Receipt(s) or copies of printed check(s)

If you have any questions, please contact Lily Pepper at 212-836-1631 or PEPPERL@UJAFEDNY.ORG.

Thank you!

**COVER PAGE**

**Submission Date**

Click here to enter a date.

**Organization Name**: Click here to enter text.

**Proposal Title**: Click here to enter text.

**2016-2017 Grant Amount**

Click here to enter text.

**2015-2016 Grant Amount**

Click here to enter text.

**Grant ID Number**

Click here to enter text.

**Program Contact Name and Title**

Click here to enter text.

**Phone**

Click here to enter text.

**Email**

Click here to enter text.

**Mobile (optional)**

Click here to enter text.

**Executive Director**

Click here to enter text.

**Phone**

Click here to enter text.

**Email**

Click here to enter text.

**Mobile (optional)**

Click here to enter text.

**Organization website URL:** Click here to enter text.

**Organization address and phone number:**Click here to enter text.

**Chief Voluntary Officer’s E-Signature** (Typing your name is sufficient)**:** Click here to enter text.

**Email:** Click here to enter text.

**Chief Executive Officer’s E-Signature** (Typing your name is sufficient)**:** Click here to enter text.

**Email:** Click here to enter text.

**Chief Financial Officer’s E-Signature** (Typing your name is sufficient)**:** Click here to enter text.

**Email:** Click here to enter text.

**NARRATIVE**

1. **ABSTRACT/SUMMARY** *(one-half page maximum)*

Click here to enter text.

1. **Architect and/or Contractor(s) Company Names, Contact Names**

Click here to enter text.

1. **Would you recommend your Architect and/or Contractor to other agencies? (Select one)**

***Architect***

[ ]  Very Likely

[ ]  Somewhat Likely

[ ]  Not Likely or Unlikely

[ ]  Somewhat Unlikely

[ ]  Very Unlikely

**Contractor**

[ ]  Very Likely

[ ]  Somewhat Likely

[ ]  Not Likely or Unlikely

[ ]  Somewhat Unlikely

[ ]  Very Unlikely

1. **If there are any major discrepancies in the actual program income or expenditures compared to the approved program budget, please explain here:**

Click here to enter text.

1. ***If you received a Preventive Maintenance Grant in the past*– What recommendations have you implemented? Was this grant connected to these recommendations?**

Click here to enter text.

1. **What are some lessons learned from your Building Repair project?**

Click here to enter text.