**UJA-FEDERATION OF NEW YORK**

**JEWISH COMMUNAL NETWORK DEPARTMENT**

**CAPACITY BUILDING FINAL REPORT FORM**

We are pleased your agency has benefited from a grant through the Jewish Communal Network Department’s Capacity Building 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!

**Submission Date**

# Click here to enter a date.

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

# Grant Project Title: Click here to enter text.

# 2016-2017 Amount Approved

Click here to enter text.

# Total Program Budget

Click here to enter text.

# 2016-2017 Total Organizational Budget

Click here to enter text.

# Grant 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.

**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.

**Short Program Description (2–3 Sentences)**

Click here to enter text.

**Geographic Areas Served by Grant** (check all that apply):

[ ] New York

[ ] Bronx

[ ] Brooklyn

[ ] Brownstone Brooklyn

[ ] Nassau

[ ] Suffolk

[ ] Manhattan

[x] Queens

[ ] Staten Island

[ ] Westchester

**Population Served by Grant** (check all that apply)**:**

Age Group

[ ] Young Children (Infant-2)

[ ] Children (3-12)

[ ] Teens (13-17)

[ ] College Age Adults (18-22)

[ ] Young Adults (23-39)

[ ] Adults (40-64)

[ ] Older Adults (65+)

[ ] General Population

Denomination

[ ] Conservative

[ ] Haredi

[ ] Reform

[ ] Reconstructionist

[ ] Modern Orthodox

[ ] Israeli Jewish Renewal

[ ] Unaffiliated

[ ] Other: Click here to enter text.

[ ] N/A

Ethnic/Demographic Group

[ ] Russian Speaking

[ ] Interfaith

[ ] Sephardic – Syrian

[ ] Sephardic – Other

[ ] Persian

[ ] Bukharian

[ ] Israeli-American

[ ] Israeli

[ ] Ethiopian

[ ] Arab-Israeli

[ ] European – Eastern

[ ] European – Western

[ ] European – Central

[ ] Single Parents

[ ] LGBTQ

[ ] Other Immigrant Group:

 Click here to enter text.

[ ] General Population

1. **Describe the agency’s short-term goals for the project.  What were the agency's initial goals for the project?  Did they change during the course of the project? How? Why?**

Click here to enter text.

1. **Describe the agency’s long-term goals for the project.  What were the agency's initial goals for the project?  Did they change during the course of the project? How? Why?**

Click here to enter text.

1. **What were the quantifiable outputs of this grant project?  (For example, # of Trustees added to the Board, increase in traffic to your website or increase in funds raised.)**

Click here to enter text.

1. **What were the outcomes of this grant project?  (Outcomes should reflect changes resulting from the project.)**

Click here to enter text.

1. **Was the project sustained beyond the life of the grant? How have you continued to invest in this area on your own?**

Click here to enter text.

1. **What were you not able to achieve and why?**

Click here to enter text.

1. **Did the project change the way you, your board or your staff view the targeted area of operations? Did it change how your agency does business? If so, please explain.**

Click here to enter text.

1. **Consultant(s) Company Name, Contact Name, Phone and Email Address**

Click here to enter text.

1. **How did you hear about your consultant(s)?** (Select one)

[ ]  UJA-Federation of New York

[ ]  Network Agency

[ ]  Board Member recommendation

[ ]  Your own research

[ ]  Other:

1. **How effective was/were your consultant(s) in understanding and addressing your organizational culture, constraints and challenges throughout the project? (Select one)**

[ ]  Very Effective

[ ]  Effective

[ ]  Neither Effective nor Ineffective

[ ]  Ineffective

[ ]  Very Ineffective

1. **How satisfied were you with the quality and effectiveness of your consultant(s) in working with your staff during the project? (Select one)**

[ ]  Very Satisfied

[ ]  Somewhat Satisfied

[ ]  Neither Satisfied nor Unsatisfied

[ ]  Somewhat Dissatisfied

[ ]  Very Dissatisfied

1. **How satisfied were you with the quality and effectiveness of your consultant(s) in working with your trustees and/or lay leaders during the project? (Select one)**

[ ]  Very Satisfied

[ ]  Somewhat Satisfied

[ ]  Neither Satisfied nor Dissatisfied

[ ]  Somewhat Dissatisfied

[ ]  Very Dissatisfied

[ ]  Not Applicable

1. **How effective was/were your consultant(s) in responding to unanticipated events and changes during the consulting process?  (Select one)**

[ ]  Very Effective

[ ]  Somewhat Effective

[ ]  Neither Effective nor Ineffective

[ ]  Somewhat Ineffective

[ ]  Very Ineffective

1. **How effective was/were your consultant(s) in reporting the results of your project, both verbally and via written communication? (Select one)**

[ ]  Very Effective

[ ]  Somewhat Effective

[ ]  Neither Effective nor Ineffective

[ ]  Somewhat Ineffective

[ ]  Very Ineffective

1. **How satisfied were you with their expertise? (i.e. financial management, strategic planning, etc.) (Select one)**

[ ]  Very Satisfied

[ ]  Somewhat Satisfied

[ ]  Neither Satisfied nor Unsatisfied

[ ]  Somewhat Dissatisfied

[ ]  Very Dissatisfied

1. **How satisfied were you with the consultant’s availability and accessibility during the project? (Select one)**

[ ]  Very Satisfied

[ ]  Somewhat Satisfied

[ ]  Neither Satisfied nor Unsatisfied

[ ]  Somewhat Dissatisfied

[ ]  Very Dissatisfied

1. **How satisfied were you with the value you received for the fee you paid? (Select one)**

[ ]  Very Satisfied

[ ]  Somewhat Satisfied

[ ]  Neither Satisfied nor Unsatisfied

[ ]  Somewhat Dissatisfied

[ ]  Very Dissatisfied

1. **If your project was a success, do you agree that your consultant(s) played a role in this outcome? (Select one)**

[ ]  Strongly Agree

[ ]  Somewhat Agree

[ ]  Neither Agree nor Disagree

[ ]  Somewhat Disagree

[ ]  Strongly Disagree

1. **How likely would you be to recommend your consultant(s) to other organizations in the future? (Select one)**

[ ]  Very Likely

[ ]  Somewhat Likely

[ ]  Not Likely or Unlikely

[ ]  Somewhat Unlikely

[ ]  Very Unlikely

1. **What are some lessons learned from your consulting process?**

Click here to enter text.

1. **Did you hire your consultant(s) for an independent project following the grant program? (Select one)**

[ ]  Yes

[ ]  No

1. **If resources permitted and the need emerged, would you consider hiring your consultant(s) for an independent project? (Select one)**

[ ]  Yes

[ ]  No