**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](mailto:NetworkGrants@ujafedny.org).

**Instructions**: Submit the following three documents to [NetworkGrants@ujafedny.org](mailto: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@](mailto: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

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