****

**Jewish Life Department**

**2016-2017 Midyear Report FORM**

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

**Organization Address** Click here to enter text.

**Organization Website** Click here to enter text.

**Program Website**  Click here to enter text.

**Grant Title** Click here to enter text. **Grant #** Click here to enter text.

**2016-2017 Grant Amount 2016­-2017 Program Budget**

Click here to enter text. Click here to enter text.

**Contact Name**  Click here to enter text. **Contact Title** Click here to enter text.

**Phone**  Click here to enter text. **E-mail** Click here to enter text.

**Name of Organization’s Chief Voluntary Officer:** Click here to enter text. **Email:** Click here to enter text.

**E-Signature:** Click here to enter text.(Typing your name is sufficient)

**Name of Organization’s Chief Executive Officer:** Click here to enter text. **Email:** Click here to enter text.

**E-Signature:** Click here to enter text.(Typing your name is sufficient)

Jewish Life wants to know how your program is doing mid way through the grant cycle. We hope that this format for midyear reporting will enable you to display and showcase the work that you’re doing in an original way. Feel free to *be creative* with this report, we encourage it!

Please submit:

* Updated program budget with 6-Month Actual Expenses and Income (using updated Grant Financial Reporting Form).
* 1-page reflection on the program including what you have learned, unanticipated outcomes or obstacles, and midcourse adjustments that have been or will be made (attached)
* Quantitative Analysis of Program Areas (attached)
* Optional: Choose one or two pieces of material (promotional, media, photos etc.) that illustrate your work

**1-Page Reflection**

**Instructions:** Please use this page for your 1-page reflection on the program. Be sure to include thoughts about what you have learned, any unanticipated outcomes or obstacles, and midcourse adjustments that have been or will be made.

**Quantitative Analysis**

**Instructions:** Indicate all groups that are directly or indirectly affected by your program(s), starting, in the first column, with participants. Groups indirectly affected, which can be indicated in subsequent columns, include those that are not targeted by your program but are affected in some way.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Area** | **Group Served Directly** | **Group Served Indirectly** | **Group Served Indirectly** | **Comments / Notes** |
| **# Served Directly** | **# Served** | **# Served** |  |
| Source of data: How did you come to these numbers? | Source of data: How did you come to these numbers? | Source of data: How did you come to these numbers? |  |

***Example:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Social Action Workshop* | *Participants* | *Parents* | *Friends* | **Comments / Notes** |
| *18 Teens* | *55* | *1,200* |  |
| *18 teens participated in social action workshop. We took attendance.* | *Parents of participant teens and teens who were unable to participate (46 households – approximately 55 parents) received information about the social action workshop.* | *Teen participants were asked to document their experiences on social media. All 18 teens posted pictures and thoughts on their social media sites; we anticipate their postings were viewed by 1200 users.* |  |

**Please feel free to include additional sheets if necessary.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Area** | **Group Served Directly** | **Group Served Indirectly** | **Group Served Indirectly** | **Comments / Notes** |
| **# Served Directly** | **# Served** | **# Served** | Click here to enter text. |
| Source of data: How did you come to these numbers? | Source of data: How did you come to these numbers? | Source of data: How did you come to these numbers? | Click here to enter text. |
| **Program Area** | **Group Served Directly** | **Group Served Indirectly** | **Group Served Indirectly** | **Comments / Notes** |
| **# Served Directly** | **# Served** | **# Served** | Click here to enter text. |
| Source of data: How did you come to these numbers? | Source of data: How did you come to these numbers? | Source of data: How did you come to these numbers? | Click here to enter text. |
| **Program Area** | **Group Served Directly** | **Group Served Indirectly** | **Group Served Indirectly** | **Comments / Notes** |
| **# Served Directly** | **# Served** | **# Served** | Click here to enter text. |
| Source of data: How did you come to these numbers? | Source of data: How did you come to these numbers? | Source of data: How did you come to these numbers? | Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Area** | **Group Served Directly** | **Group Served Indirectly** | **Group Served Indirectly** | **Comments / Notes** |
| **# Served Directly** | **# Served** | **# Served** | Click here to enter text. |
| Source of data: How did you come to these numbers? | Source of data: How did you come to these numbers? | Source of data: How did you come to these numbers? | Click here to enter text. |
| **Program Area** | **Group Served Directly** | **Group Served Indirectly** | **Group Served Indirectly** | **Comments / Notes** |
| **# Served Directly** | **# Served** | **# Served** | Click here to enter text. |
| Source of data: How did you come to these numbers? | Source of data: How did you come to these numbers? | Source of data: How did you come to these numbers? | Click here to enter text. |
| **Program Area** | **Group Served Directly** | **Group Served Indirectly** | **Group Served Indirectly** | **Comments / Notes** |
| **# Served Directly** | **# Served** | **# Served** | Click here to enter text. |
| Source of data: How did you come to these numbers? | Source of data: How did you come to these numbers? | Source of data: How did you come to these numbers? | Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Area** | **Group Served Directly** | **Group Served Indirectly** | **Group Served Indirectly** | **Comments / Notes** |
| **# Served Directly** | **# Served** | **# Served** | Click here to enter text. |
| Source of data: How did you come to these numbers? | Source of data: How did you come to these numbers? | Source of data: How did you come to these numbers? | Click here to enter text. |
| **Program Area** | **Group Served Directly** | **Group Served Indirectly** | **Group Served Indirectly** | **Comments / Notes** |
| **# Served Directly** | **# Served** | **# Served** | Click here to enter text. |
| Source of data: How did you come to these numbers? | Source of data: How did you come to these numbers? | Source of data: How did you come to these numbers? | Click here to enter text. |
| **Program Area** | **Group Served Directly** | **Group Served Indirectly** | **Group Served Indirectly** | **Comments / Notes** |
| **# Served Directly** | **# Served** | **# Served** | Click here to enter text. |
| Source of data: How did you come to these numbers? | Source of data: How did you come to these numbers? | Source of data: How did you come to these numbers? | Click here to enter text. |