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**Jewish Life Department**

**2016-2017 Final Report Form**

**I. Cover Page**

**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.

**Collaborating Organization Name** (if applicable)**:** Click here to enter text.

**Collaborating Organization Contact Name and Email:** Click here to enter text.

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

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

**2016-2017 Grant Amount**

Click here to enter text.

**2016-2017 Program Budget**

Click here to enter text.

**2016-2017 Organization Budget**

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.

**Organization Mission** (2–3 Sentences)**:** Click here to enter text.

**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

Israel

North

Central

South

Jerusalem

National

Former Soviet Union

Moscow

Other: Click here to enter text.

Europe

Eastern

Central

Western

**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+)

Denomination

Conservative

Haredi

Reform

Reconstructionist

Modern Orthodox

Israeli Jewish Renewal

Unaffiliated

Other: Click here to enter text.

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

***Please share a copy of this report with your Lead Professional and Lead Volunteer prior to submitting***

***For grantees in NY and abroad, please submit reporting to*** [***JewishLifeGrants@ujafedny.org***](mailto:JewishLifeGrants@ujafedny.org)

***For grantees in Israel, please submit reporting to*** [***shurs@ujafedny.org***](mailto:shurs@ujafedny.org)***.il***

**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)

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

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

## II. Narrative

**In no more than five (5) pages**, please answer the following questions referring to the entire program year keeping the following in mind:

Read the entire format before completing so as to determine which information is most appropriate for each section

Answer each question in the space provided

Be sure to consult your proposal form

**Program Goals**

* What were your program goals?

Click here to enter text.

* Did you achieve them?

Click here to enter text.

**Program Impact**

* Please describe the impact your program has had on your target population.

Click here to enter text.

* What has your grant proved about your target population or content area?

Click here to enter text.

**Program Challenges**

* Discuss any challenges you encountered. How did/do you plan to address/resolve them? Please be honest – challenges are expected. We would like to learn with you, and be helpful to you and future grantees.

Click here to enter text.

**Organizational Capacity**

* Describe the effect your program has had on your organization’s budget, Board of Directors, and professional leadership.

Click here to enter text.

**Marketing**

* Please share the successful elements of your marketing strategy.

Click here to enter text.

* Describe how technology, social media and your web presence have been used to promote your program.

Click here to enter text.

* Include 1-2 vignettes about and/or quotes from participants in the program.

Click here to enter text.

* Have there been any blog postings or articles written about your program? Please share the link(s).

Click here to enter text.

**Evaluation**

* How did you evaluate your program? What feedback did you collect?

Click here to enter text.

* What did you learn?

Click here to enter text.

**Future Plans**

* For grants that are continuing: Have your plans or budget for next year changed since you submitted your renewal request and if so, why?

Click here to enter text.

* For grants that are ending: What are your plans for the program and in the field in the coming year?

Click here to enter text.

**Financial Model**

* Please outline your long term fundraising strategy for this program.

Click here to enter text.

* To what extent have you encountered success and challenges in fundraising?

Click here to enter text.

* Please outline your exit strategy from UJA-Federation of New York support.

Click here to enter text.

**III. Quantitative Data Analysis**

**Instructions:** Indicate all groups that were 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 were not targeted by your program but were 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.* |  |

|  |  |  |  |  |
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**Additional sheet included if necessary.**

**IV. Attachments**

Please attach one copy of each of the following materials to your report:

1. Program budget using the updated excel Financial Reporting Form. If applicable, please include the 2017-2018 projected budget that was submitted with your 2017-2018 renewal application.
2. Board Minutes (Please attach minutes from at least **one** Board meeting **at which your program was discussed**.)
3. Marketing Materials that highlight UJA-Federation of NY support.
4. Descriptive program materials.
5. Evaluation tools and/or evaluation reports.

**Thank you for your prompt and accurate response,**

and for sharing your experience and insights!

|  |  |  |  |  |
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