**2016-2017 Final Report FORM**

**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.

**Actual # of Teens Served in Summer 2017**:Click here to enter text.

**Actual Cost per Teen in Summer 2017**: Click here to enter text.

**Actual Length of Program or # of Program Hours per Teen in Summer 2017:** 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

Other: Click here to enter text.

**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 to*** [***JewishLifeGrants@ujafedny.org***](mailto:JewishLifeGrants@ujafedny.org)

**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

**In no more than five (5) pages**, please answer the following questions referring to the entire 2016-2017program year keeping the following in mind:

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

Be sure to consult your renewal form

**Program Goals**

* What were your program goals? As appropriate, please reflect back on the logic model.
* Did you achieve them?
* What did you learn and what might you change?

**Program Impact**

* What has your grant proved about your target population or content area?
* Which aspects of your program do you believe had the most impact? And which less so?
* What would happen if your program disappeared tomorrow?

**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.

**Organizational Capacity**

* What have you learned about your organization and its fit to do this work?
* Describe the effect your program has had on your organization’s budget, mission, programming, marketing, Board of Directors, and professional leadership.

**Marketing**

* Please share the successful or challenging elements of your marketing strategy.
* Describe how technology, social media and your web presence have been used to promote your program.
* Include 1-2 vignettes about and/or quotes from participants in the program.
* Have there been any blog postings or articles written about your program? Please share the link(s).

**Recruitment**

* Honestly reflect on your recruitment successes and challenges.
* What did you learn and what might you change?

(Continued on next page)

**Evaluation**

* Describe the way you received feedback from your program participants and evaluated your program.
* What did you learn?
* How did you use the feedback?

**Financial Model**

* Please outline your long term fundraising strategy for this program including how you envision securing ongoing support beyond support from the New York Teen Initiative.
* To what extent have you encountered success and challenges in fundraising?

**Additional Narrative Questions**

* Please describe your experience with the Incubator.
* Please describe your experience with your coach.

## Quantitative Data Analysis

**Please provide actual data on your marketing and recruitment efforts below:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Social Media** | **Email Blasts** | **Facebook Ads/promotions** | | **Other**  (Google ads, paid advertising, etc.) | **Comments / Notes** |
| *# of blasts sent* | *# placed/run* | | *# applicable* | Click here to enter text. |
| *# sent to and # of views or click-throughs* | *# of views* | | *# of people who saw it* | Click here to enter text. |
| **Personal Outreach** | **To Individuals** (colleagues, friends, board members, etc.) | **To Institutions** | | **Fairs or Other Venues**  (camp fairs, parlor meetings, etc.) | **Comments / Notes** |
| *# contacted* | *# contacted by phone or meeting* | | *# applicable* | Click here to enter text. |
| *# of names or referrals received via* | *# of names or referrals received via* | | *# of names received via* | Click here to enter text. |
| **Inquiries** | **Teens** | **Parents** | | **Other** | **Comments / Notes** |
| *Total #* | *Total #* | | *Total #* | Click here to enter text. |
| *Source and related # (email, calls, etc.)* | *Source and related #*  *(email, calls, etc.)* | | *Source and related # (email, calls, etc.)* | Click here to enter text. |
| **Recruitment** | **Teens** | | | | **Comments /Notes** |
| *# applicants* | | *# registrants* | | Click here to enter text. |

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

**Final Submission Checklist**

1. Cover Page
2. Narrative (no more than 5 pages)
3. Program budget listing actual expenses to-date using the attached excel Grant Financial Reporting Form (PDF versions will not be accepted. Please only submit on the form provided.)
4. Board Minutes (Please attach minutes from at least **one** Board meeting **at which your program was discussed**.)
5. Marketing Materials that highlight New York Teen Initiative support, including digital advertising images
6. Descriptive program materials
7. Evaluation tools and/or evaluation reports

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

and for sharing your experience and insights!