



**City of Naperville, Illinois**  
**Social Services Grant**  
**CY 2016**  
**(May 1, 2016 – April 30, 2017)**  
**Final Program and Financial Report**



**Section One: General Information**

Organization Name: \_\_\_\_\_

Service/Project Name: \_\_\_\_\_

Contact Person Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Section Two: Service/Program Information**

Describe service/project as it actually occurred. Be sure to note any changes from your original proposal and goals. Please highlight quantified results.

\*Though it is not mandatory, you may include a story and/or picture(s) to highlight your project for the City's Social Services Grant annual report.

Number of people served: \_\_\_\_\_

Number of Naperville residents served: \_\_\_\_\_

Amount of **other** funding utilized: \$\_\_\_\_\_



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**Section Three: Service/Project Financial Report**

Please indicate the actual income and expenses for your service/project. If there is a particular line item that needs further explanation, please indicate with an asterisk and use an additional sheet to provide an explanation or definition.

<b>Project Income</b>	<b>Cash Income</b>	<b>In-Kind Goods/Services</b>
	\$	
Contracted Services Revenue	\$	
Other Revenue	\$	
<i>(Please Specify)</i>	\$	
Corporate Contributions/Support	\$	
Foundation Contributions/Support	\$	
Other Private Contributions/Support	\$	
Governmental Support	\$	
<i>(Please Specify)</i>	\$	
	\$	
Applicant Cash	\$	
<b>Total Cash Income</b>	\$	
<b>Total In-Kind Goods/Services (from above)</b>		\$
<b>Total W/Out Social Services Fund Grant</b>	\$	
<b>Social Services Fund Grant Amount</b>	\$	
<b>Total Income with Social Services Fund Grant</b>	\$	

<b>Project Expenses</b>	<b>Cash Expenses</b>	<b>In-Kind Goods/Services</b>
	\$	\$
Personnel	\$	\$
General Management & Fundraising	\$	\$
Project Specific Equipment/Supplies	\$	\$
<i>(Please Specify)</i>	\$	\$
Space Rental	\$	\$
Telephone/Fax	\$	\$
Travel/Transportation	\$	\$
Postage	\$	\$
Remaining Operating Expenses	\$	\$
<i>(Please Specify)</i>	\$	\$
	\$	\$
<b>Actual Total Cash Expenses</b>	\$	\$
<b>Actual Total In-Kind Contributions</b>	\$	\$
<b>Total Project Expenses</b>	\$	\$

Comments:



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**Section Four: Certification**

To the best of my knowledge and belief, the statements contained in this report are true, correct, and represent the complete accounting of this service/project.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**To be in compliance with your grant agreement, please return this completed form and any attachments before June 1, 2017 to:**

Ruth Broder  
Community Grants Coordinator  
400 S. Eagle Street  
Naperville, Illinois 60540  
(630) 305-5315  
[broderr@naperville.il.us](mailto:broderr@naperville.il.us)

**Report Evaluation**

Points will be awarded by staff.

- Exceeded expectations: 3
- Met expectations: 2
- Did not meet expectations but achieved valuable results: 1
- Below expectations and poor results: 0

If the overall total is less than 2, staff will conduct an audit of the project.

Category	Points	Weight	Total
Established goals were achieved		0.40	
Clearly presented narrative and financial report		0.15	
Submitted reports on a timely basis		0.10	
Use of outcome-based measures to assess project success		0.15	
Demonstrated sound administration throughout project		0.20	
Overall total:		1.00	
Staff Comments:			