



**City of Naperville, Illinois
Social Services Grant
Final Program and Financial Report**



Period Ending: _____

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. Additional pages may be added, if necessary.

Total number of people served: _____

Number of Naperville residents served: _____

Number of people served - 0%-30% MFI _____

Number of people served - 31% - 50% MFI _____

Number of people served - 51% - 80% MFI _____

Number of people served – above 80% MFI _____



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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.

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

| Project Expenses | Cash Expenses | In-Kind Goods/Services |
|-------------------------------------------|---------------|------------------------|
| | \$ | \$ |
| 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> | \$ | \$ |
| | \$ | \$ |
| Actual Total Cash Expenses | \$ | \$ |
| Actual Total In-Kind Contributions | \$ | \$ |
| Total Project Expenses | \$ | \$ |



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Section Five: 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 comply with your grant agreement, please return this completed form and any attachments by December 31 or 30 days following completion of the project, to:

Shebneem Ozkaptan
 Budget and Administrative Services Coordinator
 400 S. Eagle Street
 Naperville, IL 60540
 (630) 420-4110
OzkaptanS@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: | | | |
| | | | |