



**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: _____



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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:

Shebnem Ozkaptan
 Budget and Administrative Services Coordinator
 Community Services Department
 City of Naperville
 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:			