



GRANTEE FINAL REPORT

The African American Fund Of New Jersey, Inc. is accountable for its distribution of funds to grantees. It is imperative that we collect information regarding the impact and effectiveness of our grant making decisions. This data is used not only to monitor project activities and insure that funds are spent as intended, but to identify the number of people served, the process used, what is successful and what has limitations. This facilitates our future grant making decisions and assists in providing information to existing and potential AAF funding sources. Therefore, please complete this report thoroughly and accurately. Failure to submit this report will jeopardize your allocation payment and future funding opportunities.

YOU MUST COMPLETE ALL APPLICABLE INFORMATION

Agency Name: _____

Agency Address: _____

Contact Person: _____

Telephone #: _____ Fax #: _____

Agency Budget \$: _____ AAF/NJ Grant Allocation: _____

A. Program Information

Name of Program _____

Program Total Budget \$ _____

Projected no. of clients served in AAF application: _____

Actual no. of clients served: _____

Actual no. of clients in age ranges: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____
(1 = [0-5], 2 = [6-10], 3 = [11-19], 4 = [20-35], 5 = [36-55], 6 = [56+])

How has the population served benefited from this program? (In addition, you may optionally attach success story.)

How has the community benefited from this program?



List Projected Goal/Outcomes:

List Accomplished Goals/Outcomes

B. Administration

Actual no. of staff assigned to program ____ Actual no. of volunteers assigned to program

To assist us in planning the next six months of workshops, indicate in priority order what areas of technical assistance AAF/NJ staff can provide to your agency. (1 = most needed 7 == least needed)

____ Strategic Planning, ____ Fiscal Management, ____ Grant Writing, ____ Volunteer Management
____ Non-profit Board Training & Development, ____ Staff Training & Development

Other (please specify) _____

C. FISCAL

Were projected matching funds obtained? YES \$ _____ NO ____ (if no, explain below)

Were other income sources obtained? YES \$ _____ NO ____ (Detail Sources)

Please attach the agency's most recent audited statement and a projected expenses statement of how the AAF/NJ allocation was utilized.

Please attach any information or materials (i.e. brochures, photographs, newsletters, etc.) that will further AAF/NJ's understanding of this program and your agency. (AAF/NJ reserves the right to use any or all materials sent by its grantees in their publication of materials for the promotion of AAF/NJ activities.



The undersigned state that the information proved herein is true and accurate to the best of his/her knowledge and that the undersigned has received permission and authorization from the governing body of the agency to file and compile the information contained in this report. It is understood that AAF/NJ will rely on the information contained herein.

Print Name of Authorized Agency Official: _____

Signature of Authorized Agency Official: _____

Title: _____

Date: _____