



# Core Support for Basic Needs Final Report

A final report submitted electronically to the foundation is due approximately 30 days after completion of the grant funded project, or no later than 13 months from grant award date (refer to your grant award letter for report due date). If you need additional time to complete the project, please consult with Guille Gil-Reynoso, Community Investment Officer, for approval and additional instructions. **The final report has three required components:**

## 1. Final Report Cover Sheet

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Complete the Final Report Cover Sheet form (PDF) included in this packet.

## 2. Narrative Report

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**Please answer the questions below in a Microsoft Word document. This document should include each question followed by your response. Please limit this document to a maximum of four pages.**

When considering your responses, please keep in mind that the Santa Barbara Foundation strives to support projects and organizations that create vibrant communities in our county. The foundation has made funds available for the purpose of identifying and strategically addressing critical issues; strengthening our nonprofit sector; developing community leadership; and aligning philanthropic interests with community needs.

1. List administrative functions or programs that were supported through the Core Support for Basic Needs Grant.
2. Please discuss the programmatic, financial, and organizational goals and objectives identified in your original proposal narrative and indicate your progress in achieving them. What adjustments, if any, were made from your original proposal?
3. Please discuss any challenges and/or unexpected opportunities encountered in delivering services related to food, shelter, and/or health care, including behavioral health.
4. Please discuss any challenges and/or unexpected opportunities encountered at the agency level or within the broader system level.
5. How have your programs and/or organization changed as a result of your responses to questions 3 and 4? What recommendations would you make or what opportunities have you observed for improving the basic needs care system that you are most directly involved with?
6. What has been the most significant impact of the Affordable Care Act on your organization? (if applicable)

7. Please provide an anecdotal story about your work describing a specific result. If you wish, you may describe a typical participant or partnership. For example:
  - a. What did this individual “look like” before participating in your program, and how has this person changed as a result of receiving your services?
  - b. What did this partnership “look like” before participating, and how has the relationship changed since inception?

### **3. Organization Financial Summary Form**

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Complete the Organization Financial Summary form (PDF) included in this packet.

### **Additional Components/Attachments**

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- Attach high resolution photos related to the project, if available (include photo credit for possible use by the foundation for use in our e-newsletter, annual report or website).
- Attach PDF or Word documents of any studies, publications or other related materials you think is relevant to understanding the project.

### **Submittal Instructions**

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The above items should be emailed as an attachment to [reports@sbfoundation.org](mailto:reports@sbfoundation.org). Include the name of your organization and “CSBN Final Report” in the email subject line. (Example: My Nonprofit CSBN Final Report)

### **Contact Information**

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For questions regarding the CSBN Final Report, please contact Guille Gil-Reynoso, Community Investment Officer, at (805) 963-1873 or [ggil-reynoso@sbfoundation.org](mailto:ggil-reynoso@sbfoundation.org)

For questions regarding technical assistance and support, please contact Holly Chadwin, Community Investment Associate, at (805) 880-9354 or [hchadwin@sbfoundation.org](mailto:hchadwin@sbfoundation.org).



# Final Report Cover Sheet

## Core Support for Basic Needs

### Organization Information

Organization name: \_\_\_\_\_  
Grant contact: \_\_\_\_\_ Contact's title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact's email: \_\_\_\_\_  
Executive director: \_\_\_\_\_ Email: \_\_\_\_\_

### Grant Information

Award Date: \_\_\_\_\_ Award Amount: \_\_\_\_\_

Please provide the percentage of how the award amount was distributed geographically within Santa Barbara County:

\_\_\_\_\_ % North County \_\_\_\_\_ % South County \_\_\_\_\_ % Mid-County

Which geographic areas were impacted by this award? Please check all that apply.

- Carpinteria       Goleta/Isla Vista       Guadalupe       Lompoc  
 Santa Barbara       Santa Maria       Santa Ynez Valley       Other: \_\_\_\_\_

Please indicate the total number of individuals served through your organization's core programs and complete the following summary using unduplicated numbers as of December 31 of the award year.

Number Served: \_\_\_\_\_ Number Turned Away: \_\_\_\_\_  
Number on Waitlist: \_\_\_\_\_ Total Need: \_\_\_\_\_

Please provide demographics (for the year funds are awarded) for those who received support through your organization's core programs.

Ages	Gender	Race/Ethnicity	Annual Income Range
0-17: _____%	Male: _____%	African-Am: _____%	\$_____ to \$_____
18-64: _____%	Female: _____%	Asian: _____%	Median income: \$_____
65+: _____%		Caucasian: _____%	
		Hispanic/Latino: _____%	
		Other: _____%	

Please certify that the Executive Director or CEO has read and approved this report by checking this box.

