



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). Failure to submit a final report will result in rejection of subsequent grant applications. If you need additional time to complete the project, please consult with Pedro Paz, Director of Grantmaking or Guille Gil-Reynoso, Community Engagement Officer for approval and additional instructions. **The final report has three required components:**

1. Final Report Cover Sheet

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

2. Narrative Report

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 and why were adjustments, if any, 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 lessons did your organization learn from these changes? 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. In what ways has your program led to gains in knowledge, changes in behavior or circumstance that steer participants of your program to long term self-sufficiency?
7. Please provide an anecdotal story about your work describing a specific result during the funding period. 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

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

Additional Components/Attachments

- 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

The above items should be emailed as an attachment to 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

For questions regarding the CSBN Final Report, please contact Pedro Paz, Director of Grantmaking, at ppaz@sbfoundation.org or Guille Gil-Reynoso, Community Engagement Officer at ggil-reynoso@sbfoundation.org

For questions regarding technical assistance and support, please contact Deanna Vallejo, Community Engagement Associate, at (805) 880-9385 or dvallejo@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.

Organization Financial Summary -- Please do not include commas in your financial figures

Organization Name: _____

Fiscal Year Dates: _____

INCOME

Possible categories: Government grants, foundation grants, individuals, business support, events, fees for service, etc.

Source	Prior Fiscal Year's Actual (\$)	Projected Annual Budget (\$)	YTD Actual (\$) (as of date) ____ / ____ / ____
TOTAL INCOME			

List the In-Kind (non-cash) contributions:

EXPENSES

Possible categories: Salaries, professional fees, rent and utilities, travel, publicity/outreach, events, etc.

Item	Prior Fiscal Year's Actual (\$)	Annual Budget (\$)	YTD Actual (\$) (as of date) ____ / ____ / ____
TOTAL EXPENSE			
NET PROFIT OR LOSS			

Total Capital Expenses

--	--	--

i.e., computers, vehicles building improvements, etc.

Explanatory Notes: