

# SIRAGUSA

## FAMILY FOUNDATION

2019 Grant Report

Grantees are required to complete this report form to detail activities supported by the foundation in the past year. Please save this document as a new file and title the file with your "Organization Name GR 2019" prior to entering information. Upon completion, send with the subject line the same as the file name to [info@siragusa.org](mailto:info@siragusa.org) no later than Monday, December 16, 2019.

*Note: Scholarship grant recipients need not submit a grant report form. The foundation requests a short (1-2 paragraphs) update at the end of the school year with information about the scholarship recipient(s) and any changes to your scholarship program.*

**Please be sure to complete all questions.**

Today's Date:

### Organization Information

Organization Name:	
Address:	City/State/Zip:
Telephone:	Federal Tax ID:
Annual Operating Budget:	2019 Fiscal Year End Date:
Endowment Amount (if applicable):	Organization Age:
Number of full-time staff:	Number of part-time staff:
Contact Name:	Contact Title:
Contact Phone:	Contact Email:
Have there been any changes to your organization's IRS 501(c)(3) not-for-profit status since you were awarded this grant?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Grant Information

2019 Grant Amount: \$
Type of support: <input type="checkbox"/> General operating <input type="checkbox"/> Program/Project* <input type="checkbox"/> Multi-Year
Project Title*:
Project Budget*: \$

\* If the grant supported a program/project, please include the project title and the total budget for the project in 2019.

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1. Please provide a concise description of the Siragusa-funded program/project -- or the organization's activities if the funds provided general operating support.

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2. Please summarize the organizational goals or Siragusa-funded program/project goals during the grant period.

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**3. Please detail your organization's impact during the grant period, noting quantitative and qualitative outcomes.**

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4. What challenges did your organization face during this grant period? What lessons were learned? Any unexpected results? What, if anything, would you do differently?

5. Are there any changes planned for the organization or Siragusa-funded program in the next year?

Yes. If yes, please describe:

No.

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6. Please list program or organizational objectives for the next fiscal year.

7. Beyond financial resources, what does your organization need to improve and strengthen its ability to deliver on the mission?

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**8. Geographic focus of organization or program/project (please check all that apply):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> City of Chicago                                   | <input type="checkbox"/> Metropolitan Chicago                          | <input type="checkbox"/> Regional                       |
| <input type="checkbox"/> Specific neighborhood(s)<br>Please specify below. | <input type="checkbox"/> Specific county(ies)<br>Please specify below. | <input type="checkbox"/> Other<br>Please specify below. |

**9. Does the supported program work with or partner with Chicago Public Schools (CPS) or other schools?**

- Yes.  No.

If yes, please provide the following information:

- Number of CPS schools: \_\_\_\_\_
- Number of students served: \_\_\_\_\_
- Please list the names of the schools below. Attach additional page if necessary. Please distinguish if elementary or secondary.

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### Financial Information

10. Please complete the following with the three most recent years of financial data for your organization. Specify fiscal year dates in the first row (ex. 7/1/16 - 6/30/17).

	2017	2018	2019
<b>Specify your organization's fiscal year</b>			
Total Revenue and Other Support			
Total Expenses <sup>1</sup>			
Net assets released for operating			
Total Program Expenses			
Total Administrative Expenses <sup>2</sup>			
Unrestricted Net Assets at year end			
Percent Government Funding			

1. Total organizational expenses must equal program plus administrative expenses.
2. Please list development/fundraising and special event expenses if *not* included with administrative expenses.

**11. Please include comments as necessary on your organization’s financial information, explaining any deficits, contributing factors and how your organization is addressing them.**

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12. Please list sources of revenue for your organization or grant-funded program. Specify whether foundation support is pending or secured.

13. Describe your organization's expectation for your board of directors in terms of contributions and other sources of support (Give/Get amount, etc.).

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