



John Gogian Family Foundation

ANNUAL GRANT REPORT/RENEWAL

GENERAL INFORMATION

1. Date: _____ Tax ID #: _____ Website: _____
2. Organization's legal name: _____ Tel.: _____
3. Address: _____ City: _____ Zip: _____
4. Grant amount requested: _____ Fiscal year end date: _____
5. Population served: Abused & Neglected Youth Developmentally Disabled Vulnerable Seniors
6. Total number of staff: _____ Full-time: _____ Part-time: _____ Number of Volunteers: _____
7. Total number served (unduplicated): _____ Total annual organizational budget: _____

CONTACT INFORMATION

1. Exec. Dir.: _____ Email: _____ Tel.: _____
2. Board Chair: _____ Email: _____ Tel.: _____
3. Contact Name & Title _____
4. Contact Email _____ Tel.: _____

BOARD INFORMATION

1. Total number of board members: _____
2. Number of annual board meetings: _____
3. Average percentage of board members attending meetings: _____%
4. Percentage of board that financially contributes to the organization: _____%
5. Total amount given by the board in most recent fiscal year: _____

FINANCIAL INFORMATION

1. Principal Sources of Revenue:

Gov't Grants & Contracts	_____ %	Individual Donors	_____ %
Participant Fees	_____ %	Fundraising Events	_____ %
Investment Income	_____ %	Foundations/Corporations	_____ %
Other _____	_____ %		
2. Financial Data from IRS 990 Tax Return (for most recent year): 20____

Total Revenue	\$ _____	Notes on Liabilities (i.e., mortgage forgiveness in exchange for services)	
Total Expenses	\$ _____		
Net Assets/Fund Balance	\$ _____		
Total Liabilities	\$ _____		
Cash & Savings	\$ _____	Months of Cash Ratio	
Endowment Balance	\$ _____	_____ total cash = _____	
Investments/Securities	\$ _____	(total expenses/12)	

Organization _____ **Grant Award Date** _____ **Grant Amount** _____

1. Grant Purpose: Give a brief description of the program or organizational goals you planned to accomplish with your previous grant.

2. Accomplishments: What success did you have with your goals this year? Please describe here or attach an annual report.

- 3. JGFF Support for Staff/Board Development:** What did you accomplish with the JGFF staff/board development funds? This includes all human development and training, such as coaching, conferences, courses, retreats, webinars, workshops, etc.

- 4. Other Funding for Staff/Board Development:** Please describe any additional funds the organization has received and/or spent on staff and/or board development or training.

- 5. Challenges:** What challenges have you encountered over the grant period? What challenges do you expect in the near future? How will you incorporate these findings into your planning and/or evaluation efforts?

ANNUAL GRANT RENEWAL APPLICATION

6. New Funding Request Type: **GOS** **Program** **Capital** **Amount**_____

Request Title _____

If the request is for GOS funding, list three organizational goals you seek to attain in the next 12 months. If the request is for program or capital funding, describe the program or project and goals.

7. Current Programs and Services: Please include the unduplicated number served, budget, activities, average daily attendance, location(s), and any fees.

Program 1 Unduplicated # Served Budget	Name & Description
Program 2 Unduplicated # Served Budget	Name & Description
Program 3 Unduplicated # Served Budget	Name & Description
Program 4 Unduplicated # Served Budget	Name & Description
Program 5 Unduplicated # Served Budget	Name & Description

8. Strategic Plan: Please provide a brief summary of your Strategic Plan.

9. Evaluation: Please describe your organization's measures of effectiveness and means of evaluation, qualitative and/or quantitative.

11. Organizational Needs: Please describe organizational needs, including how and whether they are currently being met. This area includes both **process needs**—communication, financial and strategic planning, fund development, marketing, technology, etc.—**and capital needs** for equipment, facilities, and technology.

10. References: List one foundation contact with knowledge of your organization.

FOUNDATION: _____ Tel.: _____

Contact Name & Title _____

Contact Email _____

11. Foundations: Please list your foundation funders from the past 24 months, including amounts.

12. Changes: Have there been any significant changes in organization leadership or finances in the past 12 months? If yes, please explain.

13. Time: Approximately how long (number of hours) did it take your staff to complete this submission?