



ANNUAL CLIENT PROJECT/PROGRAM REPORTING FORM

This report must be completed and submitted to SPF within 30 days of receipt of the project/program's annual statement from SPF. Each Project will receive a closing statement for their project year 60 days after the close of the fiscal year. Release of future funds is contingent upon the receipt of this report and its acceptance by the AAUW CA Board of Directors.

Date: _____ Project Anniversary Date: _____

Project Name: _____

Report Completed by: _____ Project Director _____ Project Treasurer
_____ Other, specify _____

Name:

E-mail:

Phone number:

Address:

Please provide the following information. (Attach additional pages if needed.)

1. Do your financial records agree with the year- end financial statement you received from SPF? _____yes _____no
If no, please explain:
2. What fundraising challenges did you encounter, if any during this past year? Were they related to the SPF or internal to the project?
3. Will the project/scholarship continue to use SPF? _____yes _____no
If yes, please complete the information below.
If no, please explain why.

4. Attach a summary statement of income and expense for the completed project year and a projected budget for the next project year (be sure to calculate the current SPF Admin fee of 5% on all deposits as part of your expenses.)
5. In the coming year, do you expect an increase, decrease, or no significant change in the monies you will deposit and withdraw from your SPF account in the coming year?
_____ an increase _____ a decrease _____ about the same
6. Who will be the Project Director and who will be the Project Fiscal Agent/Treasurer for the coming project year? Note: The Project Director and the Project Treasurer cannot be the same person.

Project/Scholarship Director for the coming project year:

Name:

E-mail:

Phone number:

Address:

Project/Scholarship Fiscal Agent for the coming project year:

Name:

E-mail:

Phone number:

Address:

To the best of my knowledge all information provided in this report is accurate

Signed: _____ Title: _____

Please email the completed report to: spfund@aauw-ca.org

or send this completed form to:

AAUW California Special Projects Fund
P.O. Box 160067
Sacramento, CA 95816-0067

Questions? Please contact AAUW CA SPF at: spfund@aauw-ca.org