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**ANNUAL SPF CLIENT**

**REPORTING FORM**

Each project or scholarship will receive a yearly closing statement within 45 days of the close of the SPF fiscal year (December 31), following which each project director/coordinator must file an annual report within 30 days of receipt of the closing statement. Release of future funds is contingent upon the receipt of the project/program report and review by SPF.PLEASE TYPE OR PRINT CLEARLY.

|  |  |
| --- | --- |
| Date |  |
| Project Name |  |
| Project ID #(Assigned by SPF) |  |

Report completed by:

* + Project Director/Coordinator
	+ Project Treasurer
	+ Other, Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name |  |
| E-mail address |  |
| Phone number |  |
| Mailing 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 not, please explain in detail:
1. What fundraising challenges did you encounter, if any, during the past fiscal year? Were they related to SPF or internal to the project?
2. In the coming year do you expect a change in the scope of your program, if so how?
3. 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?
* Increase
* Decrease
* About the same
1. Please provide a summary statement of income and expense for the completed year and a budget for next fiscal year (be sure to calculate the current SPF administrative fee of 5% on all deposits as part of your expenses). A sample budget form is attached.
2. Please provide the following information for the coming year. Note: the project coordinator/director and the project treasurer cannot be the same person.

Project Coordinator/Director:

|  |  |
| --- | --- |
| Name |  |
| E-mail address |  |
| Phone number |  |
| Mailing Address |  |

Project Treasurer:

|  |  |
| --- | --- |
| Name |  |
| E-mail address |  |
| Phone number |  |
| Mailing Address |  |

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

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please e-mail the completed report to: spf-ca.finance@aauw.net

Or mail the completed report to: AAUW CA Special Projects Fund

 Attention: SPF Treasurer

 P.O. Box 160067

 Sacramento, CA 95816-0067

Questions: Please contact AAUW CA SPF at: spf-ca.finance@aauw.net

Suggested Budget Format (Please add any budgetary notes that are relevant to the projected income and expenses):

|  |  |  |
| --- | --- | --- |
| **A** | **Beginning Account Balance** (ending fiscal year balance carried to new year): |  |
|  |  |  |
|  | **Income:** |  |
|  | Fundraisers |  |
|  | Individual donations |  |
|  | Other (grants, sponsorships, etc.) |  |
| **B** | **Total Income:** |  |
|  |  |  |
|  | **Expenses:** |  |
|  | SPF Admin Fee (5% of income/deposits) |  |
|  | Other expenses (postage, travel, etc. – itemize) |  |
| **C** | **Total Expenses:** |  |
|  |  |  |
| **D** | **BALANCE:** (=A+B-C Note: Balance should be positive or zero, no negative balances will be accepted by SPF) |  |

Budgetary Planning Notes: