

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 - Please explain in detail:

- 2) What fundraising challenges did you encounter, if any, during the past fiscal year? Were they related to SPF or internal to the project?
- 3) In the coming year do you expect a change in the scope of your program, if so how?
- 4) 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
- 5) 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).

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

Α	Beginning Account Balance (ending fiscal year balance carried	
	to new year):	
	Income:	
	Fundraisers	
	Individual donations	
	Other (grants, sponsorships, etc.)	
В	Total Income:	
	Expenses:	
	SPF Admin Fee (currently 5% of income/deposits)	
	Other expenses (postage, travel, etc. – itemize)	
С	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:

6) 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	
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 and

spf-ca.projects.scholarships@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