

**End of Year Report**

There are two parts to this End of Year Report.

Part 1: to be completed by the School Program Supervisor

Part 2: to be completed by the Senior Facility Program Supervisor

Please fill in all questions, then save the document with the name of your school (e.g., XYZ Day School End of Year Report).

Both parts of the report should be submitted together by the School Program Supervisor to [BetterTogether@lhfl.net](mailto:BetterTogether@lhfl.net) by July 15 of the applicable year.

**CONTACT INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | **SCHOOL** | **SENIOR FACILITY** |
| **Organization Name** | Click here to enter text. | Click here to enter text. |
| **City/State of Organization** | Click here to enter text. | Click here to enter text. |
| **Program Supervisor** | Click here to enter text. | Click here to enter text. |
| **Position at School/Facility** | Click here to enter text. | Click here to enter text. |
| **Person Submitting Report** | Click here to enter text. | Click here to enter text. |
| **Email for Report Submitter** | Click here to enter text. | Click here to enter text. |
| **Phone for Report Submitter** | Click here to enter text. | Click here to enter text. |

**PART A: To be completed by School Program Supervisor**

**Students Impacted by Program**

Number of students in program: Click here to enter text.

Names and Grade of students in program: Click here to enter text.

Number of seniors in program: Click here to enter text.

**Activity Recap**

Please list by **date** and briefly describe all activities, events and projects conducted during the YEAR. (Note: you are being asked to copy and paste the dates from your mid-year report into this report, so all activities from the entire year are shown below.)

In order to receive funding, teens must have convened (either online or in person) for **at least eight times** throughout the year and engaged in Jewish educational topics and there must have been **at least eight intergenerational** touchpoints.

*Please attach digital files (jpg) of photos to illustrate the activities, projects, etc.*

*Example:*

*Teen meeting 1:* October 5, 2020, students met with teacher on Zoom and completed the first lesson in the curriculum on x, y, z, and spoke about a, b, c.

*Teen meeting 2:*

*Teen meeting 3:*

*Teen meeting 4:*

*Teen meeting 5:*

*Teen meeting 6:*

*Teen meeting 7:*

*Teen meeting 8:*

*Intergen’l meeting 1:* October 30, buddy boxes along with video cards were sent to seniors.

*Intergen’l meeting 2:* November 15, chair yoga session with teens and seniors on Zoom.

*Intergen’l meeting 3:*

*Intergen’l meeting 4:*

*Intergen’l meeting 5:*

*Intergen’l meeting 6:*

*Intergen’l meeting 7:*

*Intergen’l meeting 8:*

Click here to enter text.

**Integration**

Please describe how the program has been integrated with the students’ General Studies and/or Judaic Studies curriculum.

Click here to enter text.

**Impact**

Please provide example(s) that illustrate the impact your program has had on the students (*e.g.,* sensitizing students to the needs of seniors and instilling a sense of responsibility toward them, imbuing students with concrete understanding of *Kavod Avot,* recognition that they have as much/more to gain from seniors as they have to give, increased confidence in interactions with seniors) and on the seniors (*e.g.,* engagement and activity, feeling that they ‘matter’ and have much to contribute, amelioration of isolation, personal connections with students). Quotes and/or anecdotes are welcome.

Click here to enter text.

**Documentation and Reflection**

Please indicate how the students are documenting and reflecting on their experience (*e.g.,* blogging, journaling, creating biographies/oral histories or other projects). If possible and appropriate, feel free to provide links to any public website or blogs or attach examples.

Click here to enter text.

**Challenges or Obstacles**

Have there been any challenges or obstacles that have prevented your program from being implemented as described in your grant application (in terms of content, logistics, timing, inter-organizational relationships, etc.)? If yes, please describe – and indicate what mid-course corrections you made in response.

Click here to enter text.

**End of Year Events**

Please describe your end of year events (the culminating event with students and seniors, and the presentation at a community event, e.g. end-of-school assembly, annual school/synagogue gala, annual gala at the senior facility, graduation exercises, School/synagogue Board meeting or local Federation meeting). Make sure to include the dates of both events, pictures, printed schedule (if applicable), and flow of activities in each event.

Click here to enter text.

**Success Factors**

At this point, what do you see as the key factors that are needed for the success of this program?

Click here to enter text.

**Plans for Following Year**

Please detail your plans for your Better Together Program for next year- the changes, additions, expansions which you are planning for the following school year.

If you are not planning on running Better Together next year, please indicate why:

Click here to enter text.

**Answer the following if this is the final Report in connection with the Grant:**

1. What advice and/or recommendations would you give to a school/organization beginning the Better Together Program process? Click here to enter text.
2. Please provide us with your overall feedback, challenges, and recommendations, as you finish out your final year of the program. Click here to enter text.
3. How do you plan to proceed with the Better Together programming next year? Please be specific.

**Budget**

Please indicate expenditures in this reporting period (September 1, 2021-June 30, 2022) relative to budgeted amounts. (You are encouraged to submit an Excel spreadsheet in lieu of the below.)

Note: Better Together in a Box programs (that began in Fall 2021) should be copying your Sept-Dec expenditures from your approved mid-year report budget.

IMPORTANT:

* *Adjust the “categories” section according to your approved budget.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Categories** | **Yearly Budgeted Amount** | **Actual Expenditures Sept-Dec [year]** | **Actual Expenditures Jan-June [year]** | **Actual**  **TOTAL YEARLY Expenditures** | **Explanatory notes re: expenditures** |
| Transportation to Senior Facility | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Personnel Costs | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Curriculum Development | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Yearbook/Video Expenses | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Program Activity Expenses (materials) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Program Activity Expenses (food) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other (please explain) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **TOTALS** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

* *Fully explain anything out of the norm or any deviation in your budget numbers in the Notes section. Also put full descriptions of how grant money was spent on lines entitled “other” or “miscellaneous.”*

**PART B: To be completed by Senior Facility Program Supervisor**

**Seniors Impacted by Program**

Number of seniors in program: Click here to enter text.

**Impact**

Please provide example(s) that illustrate the impact your program has had on the seniors (*e.g.,* engagement and activity, feeling that they ‘matter’ and have much to contribute, amelioration of isolation, personal connections with students). Quotes and/or anecdotes are welcome.

Click here to enter text.

**Challenges or Obstacles**

Have there been any challenges or obstacles that have prevented your program from being implemented as described in your grant application (in terms of content, logistics, timing, inter-organizational relationships, etc.)? If yes, please describe – and indicate what mid-course corrections you made in response.

Click here to enter text.

**Success Factors**

At this point, what do you see as the key factors that are needed for the success of this program?

Click here to enter text.