

COUNTY OF BERGEN
2024
GOS FINAL REPORT

Organization: _____

Address: _____

Grant Coordinator _____ Position _____

Telephone _____ Email _____

Award amount \$ _____

- Describe the completed use of your General Operating Support funding for your Focus Area as described in your application. Was this carried out as planned? Please explain.
- How has this support achieved the goals as stated in the *Project Narrative* portion of your application?
- How as the funding helped in the overall development of your organization? Describe any new notable accomplishments.
- Attach this page to the front of your Final Report, which is due on **Friday, January 10, 2025**.

Return Final Reports to:

Elaine Kiernan Gold, Grants Administrator

Division of Cultural & Historic Affairs,

One Bergen County Plaza – 4th floor Hackensack, NJ 07601-7076

Grant Coordinator's Signature

Date

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Please provide information on levels of participation for the period of January 1 to December 31 as indicated in the table provided. If any information in the table below is not applicable, please enter "0" (zero).

Type of Visitation	Total
Total number of all visitors to your site or sites (including children)	
Attendance at sponsored programs held off-site	
Total number of virtual visitors (website and social media)	
Children served aged preschool to grade 12	
Total number of visitors (on-site, off-site and virtual)	

Social media outreach. Please provide information, if available, for the period of January 1 to December 31 as indicated in the table provided. If any information in the table below is not applicable, please enter "0" (zero).

Social Media	Account Name	Number of Views/Followers
Facebook		
Twitter		
YouTube		
Instagram		
Snapchat		
Other		

2024 GOS FINAL REPORT: BUDGET

Please place in the "Focus Expenses" column only the expenses for the Focus Area you declared in your application. This might be only one or two categories, depending on your focus area, and may be more than twice the awarded grant amount (a 1:1 match). Complete and total the "Cash Match" column with your organizational expenses that were used in the 1:1 cash match. It may exceed but must not be less than the total grant award amount.

Attach a printout of your organization's *budget vs. expenditures statement* as of the December 31, 2024. Your Financial Officer must sign the printout.

Please enclose either copies of canceled checks (front and back), bank statements showing canceled checks OR receipts of payment for enough expenditure in your stated "focus" area to document the amount of your award.

Attach the copies of the canceled checks, bank statements and receipts to the Final Report.

Organization: _____

Award amount: \$ _____

	FOCUS EXPENSES	CASH MATCH
SALARIES & WAGES	_____	_____
PROFESSIONAL SERVICES, FEES (CONTRACTED SERVICES, NON-STAFF)	_____	_____
PROFESSIONAL DEVELOPMENT/ STAFF TRAINING	_____	_____
PUBLICITY/MARKETING/PRINTING	_____	_____
MATERIALS, SUPPLIES	_____	_____
FACILITY MAINTENANCE	_____	_____
SPACE/EQUIPMENT RENTAL	_____	_____
TELEPHONE/COMMUNICATIONS	_____	_____
POSTAGE	_____	_____
INSURANCE, ACCOUNTING SERVICES OR AUDIT	_____	_____

2024 GOS FINAL REPORT: BUDGET

	FOCUS EXPENSES		CASH MATCH
UTILITIES	_____		_____
OTHER (SPECIFY) _____	_____		_____
	_____		_____
TOTALS:			
FOCUS EXPENSES	\$ _____	+	
CASH MATCH	\$ _____	=	
TOTAL GOS EXPENSES	\$ _____		

SIGNATURE OF ORGANIZATIONAL FINANCIAL OFFICER

DATE