

**COUNTY OF BERGEN
2025**

SPECIAL PROJECT FINAL REPORT

Organization: _____

Address: _____

Grant Coordinator _____ Position _____

Telephone _____ Email _____

Award amount \$ _____

- Describe the completed Special Project. Did it meet your stated goals and objectives? Why/why not?
- Was the project carried out as planned and according to your stated timeline?
- Describe the educational and publicity/outreach components of your finished project and any future educational and publicity initiatives, efforts or challenges.
- Describe your organizations' activities and audience (include the number of adults, children under 16, those with special needs, diversity) for this fiscal year. Also summarize the size and demographics of your organization's audience and your membership.
- Please submit photographs of the special project as part of the Final Report. If your project resulted in a script, publication or video, one copy must be submitted with your Final Report.
- Attach this page to the front of your Final Report.

AUTHORIZING OFFICIAL'S SIGNATURE

DATE

ORGANIZATION'S ADDRESS

PHONE

E-MAIL

SIGNED FINAL REPORTS ARE DUE IN THE OFFICE OF THE DIVISION OF CULTURAL AND HISTORIC AFFAIRS,
ONE BERGEN COUNTY PLAZA, 4TH FLOOR, HACKENSACK, BY JANUARY 9, 2026

COUNTY OF BERGEN**2025****SPECIAL PROJECT FINAL REPORT**

PLEASE PROVIDE INFORMATION ON LEVELS OF PARTICIPATION FOR THE PERIOD OF JANUARY 1 TO DECEMBER 31, 2025 AS INDICATED IN THE TABLE PROVIDED. IF ANY OR ALL INFORMATION IN THE TABLE BELOW IS NOT APPLICABLE, PLEASE ENTER "0" (ZERO).

TYPE OF VISITATION	FOR EVENTS, ACTIVITIES, AND PROGRAMS FUNDED BY RE-GRANTS
TOTAL NUMBER OF ALL VISITORS TO YOUR SITE (INCLUDING CHILDREN)	
ATTENDANCE AT SPONSORED PROGRAMS HELD OFF-SITE	
TOTAL NUMBER OF VIRTUAL VISITORS (INCLUDING WEBSITE, SOCIAL MEDIA AND ZOOM)	
TOTAL NUMBERS OF SOCIAL MEDIA VISITORS	
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		
Other		

COUNTY OF BERGEN
2025 SP HISTORY GRANT CONTRACT

FINAL SPECIAL PROJECT BUDGET & MATCH

ENTER THE FINAL EXPENSES FOR YOUR PROJECT IN "PROJECT EXPENSES" COLUMN. IN THE "CASH MATCH" COLUMN, LIST YOUR ORGANIZATION'S INCOME THAT WAS USED AS A 1:1 CASH MATCH. IN THE "IN-KIND MATCH" COLUMN, INSERT THE VALUE OF DONATED MATERIALS OR SERVICES THAT WERE USED AS THE MATCH. THEY MAY NOT EXCEED 50% OF THE TOTAL MATCH. ONLY NON-PROFIT HISTORY ORGANIZATIONS MAY USE IN-KIND MATCH. [FILL IN ATTACHMENT D AND ATTACH.] SUB-TOTAL THE "CASH MATCH" AND "IN-KIND MATCH" COLUMNS; ADD TOGETHER. ADD THIS SUM TO THE "PROJECT'S EXPENSES" TOTAL AND ENTER RESULT ON "TOTAL OF FINAL SP BUDGET & MATCH" LINE (BOTTOM RIGHT). THIS SUM MUST BE AT LEAST TWICE THE AMOUNT OF THE GRANT AWARD: IT MAY BE MORE BUT MUST NOT BE LESS. ALSO, ATTACH YOUR ORGANIZATIONS COMPLETE 2025 ANNUAL BUDGET REPORT. MUNICIPALITIES SHOULD SUBMIT ONLY THE PARTS OF THE MUNICIPAL BUDGET REPORT RELEVANT TO ITS SPECIAL PROJECT.

	<u>PROJECT'S EXPENSES</u>	<u>CASH MATCH</u>	<u>IN-KIND MATCH</u>
ADA ASSISTIVE SERVICES	_____	_____	_____
ARCHIVAL SCANNING	_____	_____	_____
HONORARIA	_____	_____	_____
MATERIALS, SUPPLIES	_____	_____	_____
PHOTOGRAPHY	_____	_____	_____
PRINTING PHOTOGRAPHY	_____	_____	_____
PROFESSIONAL SERVICES/FEES	_____	_____	_____
PUBLICATION MAILING	_____	_____	_____
TRANSCRIBING COSTS	_____	_____	_____
WEBSITE, INTERNET	_____	_____	_____
WORD PROCESSING	_____	_____	_____
OTHER (SPECIFY):			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
GRANT SUBTOTALS:	_____	_____	_____
	PROJECT EXPENSES	CASH	IN-KIND
TOTAL:	_____		