

Select Which This Report Reflects

Interim Final

DUE DATES

Interim: October 26, 2020 Final: February 26, 2021

Agency:

Program:

Contact Person:

Target Issue:

- Childhood Success (kids 0 to 3rd grade)
- Youth Success (youth 4th through high school grad)
- Economic Mobility (financial help, affordable housing, etc)
- Access to Health (disability, drugs, physical activity, etc)

Funded Amount:

Conditions: Did the United Way Board place any conditions on your funding?

- YES (if yes, please describe) NO

UNITS OF SERVICE:

- Total people served by agency in April 1, 2020- March 31,2021:
- How many people were served for this project for this reporting period? How many unduplicated people have you served for this reporting period?

_____ People served this Period _____ Unduplicated People Served

- **Unit of Service Description: (ex: number of people served per \$1.00/\$5.00/\$10.00)**

Return completed evaluation as an attachment to:
Tamara Brinkman - tbrinkman@givetheunitedway.com

IMPACT:

- What are the program’s stated Outcomes?
- In what way do your outcomes impact Wayne and/or Union Counties?
- Did you achieve your intended outcomes? If so, how? If not, why not?
- How many people achieved the program goals?
- How many staff received **NEW** training/education for the funded program?
- How many staff received **CONTINUED** training/education programs for the funded program?
- How many volunteers supported the funded program?
- Provide a short client success story or program success story for this quarter. May we share this story with the public?
 YES NO (if no, please explain why)
- Have you encountered any barriers to the success of this program or observed any unintended outcomes (positive or negative) so far this year?
 YES (if yes, please describe) NO
- How did you recognize and promote the support of United Way of Whitewater Valley? Please provide copies of such materials, if applicable.
(ex: Facebook, posters, fliers, donor dinners, presentation mentions)?

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PERFORMANCE:

- Please describe your measurement tools. (tracking progress, reporting, etc.)
- Please describe your evaluation tools/process. (ex: client satisfaction, surveys, etc.) If you have a report detailing results of such evaluations, assessments, etc. please include as an attachment.

(Signature)

(Date)

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*Reports must be received by due date, or future funding will be withheld or delayed.