

2019 Community Fund Interim Report

Organization Name

Program Name

Name and Position of Individual Completing Report

Telephone

Email

IMPORTANT: ALL PORTIONS OF THIS REPORT ARE REQUIRED. IF REPORT IS NOT COMPLETED IN FULL, AND SUBMITTED AS PER REQUEST, YOU MAY NOT BE ELIGIBLE FOR FUTURE GRANT OPPORTUNITIES.

1) Is your program currently on track to achieve your expected outcome(s) results?

- Yes (please complete **Question 3**)
- No (please complete **Question 2**)

2) Please provide a brief explanation as to why – be sure to include any information related to influencing factors and internal or external issues that may have impacted your progress.

3) During the funded period so far, have there been changes made to the impact area, target group, outcome(s), indicator(s) or measurement method(s.) (Review your application for funding.)

- Yes (please complete **Question 4**)
- No (please complete **Question 5**)

4) Briefly describe the changes made and why the changes were necessary.

5) What is **one key finding** from your outcome evaluation activities thus far? Include any unexpected results (positive or negative) and/or explain how your results have impacted the operation of the program or the organization as a whole.

6) At this stage, do you anticipate that your organization will require any follow-up training or support in measuring outcomes for the specific program?

Yes

No

7) If your program involves partnerships or collaborations with other organizations or individuals, please describe the effects of this relationship on your program thus far.

8) Please attach via email, along with this report, the actual program revenue (include all sources) and expenses for the program to date. Identify those covered by United Way funding.

9) Final reports are due 30 days following the program end date. Please provide the expected date of your final report submission. (MM/DD/YY)

*****PLEASE SIGN THE FOLLOWING TO COMPLETE YOUR REPORT*****

I/we certify that, to the best of our knowledge, the information provided in this report is accurate, complete and endorsed by the organization we represent.

Board President/Chair or Treasurer

Executive Director/CEO

Signature

Signature

Date

Date