



# 2020 Community Fund Interim Report

---

Organization Name

---

Program Name

---

Name and position of individual completing report

---

Telephone

Email

***IMPORTANT: All questions of this report are required. As per the Funding Agreement -failure to submit a report or incomplete reports could result in forfeiting the final 20% of funding and organizations may not qualify for future funding 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 (move to **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) Final reports are due 30 days following the program end date. Please provide the expected date of your final report submission. (MM/DD/YY)

9) Please attach the actual program revenue (include all sources) and expenses for the program to date. Identify those covered by United Way funding.

---

**PROVIDE TWO SIGNATURES TO COMPLETE YOUR REPORT**  
*(\*One person is required to have signing authority)*

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.

\_\_\_\_\_  
Staff Member  
(Name Printed)

\_\_\_\_\_  
Organization's Leader/or Board Member  
(Name Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date