

2017 GRANT FINAL REPORT – PROGRAM DETAILS

COMMUNITY IMPACT FUND GRANT PROGRAM

UNITED WAY OF NORTHWEST FLORIDA

Agency Name: _____

Program Name: _____

County Program Served: _____ Amount Granted: \$_____

A. PROGRAM INFORMATION (Please complete a separate, county specific report for each program.)

1. Program description (If any substantial changes were made to this program during this program-funding year, please explain what they were and why they were necessary. This may include outcome measurements, changes in targeted demographics, notable variances in numbers and demographics of consumers served, etc.):

2. Actual outcomes (Please explain any substantial differences in the actual outcomes versus the intended outcomes of this program.):

3. Measurements used to determine this program's success:

4. Number of consumers this program served (Please explain any substantial differences in the number of consumers served versus the number this program anticipated serving.):

5. Demographics (age, gender, ethnicity, ability, etc.) of consumers this program served. (Please explain any substantial differences in the demographics of those served versus those this program anticipated serving.):

6. Was there a waiting list for this program's services during this program-funding period? (If so, why, how long, and what can be done to reduce or eliminate it completely?):

7. Did any portion of this Community Impact Fund Grant entitle your agency to matching funds? (If so, please give total amount of state, federal, or foundation funds drawn down and the corresponding match ratios. For example, "Every United Way of Northwest Florida grant dollar allowed us to draw down an additional \$5 of state funds for this program. As a result, our \$5,000 United Way of Northwest Florida grant brought us an additional \$25,000 in 2016."):

8. Describe any working/collaborative relationships your agency has with other agencies:

9. **OPTIONAL:** Any additional program-related information you would like to share with United Way of Northwest Florida:

B. FINANCE INFORMATION

1. **ATTACHMENT 1:** Board-approved operating statement (profit and loss) and balance sheet as of December 31, 2017.

2. **ATTACHMENT 2: 2017 Grant Final Report – Budget Details.** Please explain any revenue or expense variances of 10% or more.

3. Statement of Revenue (from most recently submitted IRS Form 990):

- \$ _____ Total Revenue (Form 990; Part VIII; Line 12; Column A)
- \$ _____ Government Grants & Contributions (Form 990; Part VIII; Line 1E)
- \$ _____ Fundraising Events (Form 990; Part VIII; Line 1C)
- \$ _____ Other Contributions, Gifts & Grants (Form 990; Part VIII; Line 1F)
- \$ _____ Program Service Revenue (Form 990; Part VIII; Line 2G; Column A)
- \$ _____ Other Revenue (Form 990; Part VIII; Lines 3-10C; Column A)
- \$ _____ UWNWFL Grants

4. Percent of Revenue from UWNWFL Grants: _____ %
(UWNWFL Grants divided by Total Revenue)

5. Current Board Directed Reserve Fund Balance: \$ _____
(Attach authorized uses)

6. Current Donor Restricted Fund Balance: \$ _____
(Attach any restrictions)

7. **OPTIONAL:** Any additional finance-related information you would like to share with United Way of Northwest Florida:

C. CONTACT INFORMATION (Please provide the contact information of the person best able to answer questions related to the preparation of this report.)

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

I certify that the information presented herein and upon the required attached documents, detailing the financial condition of this agency and describing the program for which it received funding from United Way of Northwest Florida's Community Impact Fund Grant Program, is true and correct.

Signature: _____
Executive Director/President/CPO

Printed Name: _____

Date: _____