

- Complete one of these forms for each UWNWFL program grant per county
- Attach one copy of Operating Statement and Balance Sheet (as of 6/30) with mid-year report forms
- Attach separate sheet with any changes in agency leadership, board members, or contact information since grant request
- Attach additional sheets, only if necessary to fully explain any responses on this form

Agency:

Program:

Grant \$: (Total of Program Grant Award, as is listed on your 2017 United Way Award Letter)

County: Bay Calhoun Gulf Holmes Jackson Washington

PROGRAM CHANGES Have there been any changes in the purpose, funding sources, client demographics, program costs, or any other material aspects of this program, since the grant request was submitted? If so, please describe the changes here:

Mid-year Results (January through June):

YTD	Budget	Actual	Unduplicated Clients Served YTD	
Total Program Income			TOTAL NUMBER	
UW Program Income			# Children 0-17	
Total Program Expense			# Adults 18-59	
FINANCIAL NOTES: Describe any significant changes in the agency's financial condition since the grant request was submitted:			# Seniors 60+	
			% Low Income	
			% Special Populations	
			% Minorities	
			Other	
			Other	
			Other	
			Other	

WAITING LIST Is there a waiting list for services from this program? If so, please describe the unmet need in terms of number of clients, cost, and other obstacles to meeting the need.

OTHER NOTES List any additional information needed to complete the mid-year picture of this program.

I affirm that this summary page and the attachments are accurate and complete to the best of my knowledge.

Agency Leadership Signature:

Printed Name and Title:

Agency Board Signature:

Printed Name and Title:

Date: