

# United Way of Mason County

## SIX-MONTH PROGRAM REPORT FORM

**Due: January 31st**

**Period Covered: July 1st – December 31st** *(please estimate through the end of this period)* We understand that each agency might use different financial and program reporting periods. Please do your best to provide data on program accomplishments during this period. If you were funded for more than one program, please complete a report for each. *Feel free to attach additional pages if needed but please quantify your information as much as possible.*

**Agency Name:** \_\_\_\_\_

**Program Funded:** \_\_\_\_\_

**Amount of Community Investment Allocation:** \_\_\_\_\_

*Please answer the following questions with regard to the program description and outcomes that United Way has funded for this year. **Please cut and paste in the required info from your original application and revisions** (if applicable).*

**1) Inputs:** *(These are the resources you used to deliver this program – staff, volunteers, supplies, funds, etc. Add lines, as needed.)*

<i>Input</i>	<i>Proposed</i>	<i>Actual</i>

- **Did your agency experience any staffing changes relevant to this program during the period covered by this report? If yes, please explain.**
  
- **Have there been any significant changes in your budget or financial status that affected this program? If yes, please explain.**
  
- **How are volunteers used in this program?**

**2) Outputs:** *(This is the quantity of services that you proposed to provide. Add lines, as needed.)*

<i>Output</i>	<i>Proposed</i>	<i>Actual</i>

- **Have there been any changes to the type or level of service/program funded by United Way? If yes, please explain.**

**3) Outcomes:** *(These are the results that you proposed to accomplish. Please report the results of evaluation data to date. Add lines, as needed.)*

<b>Outcome</b>	<b>Proposed</b>	<b>Actual</b>

- **Have you encountered any barriers to the success of this program or observed any unintended outcomes?**

**4) Measurement tools:** *(This is the description of your evaluation tools/process.)*

- **Are these tools proving to be an effective means for gathering the data necessary to evaluate your program? (If not, please discuss your alternate methods of data collection.) Include sample of your measurement tools, if applicable.**

**5) Other:** Please describe your follow up on recommendations (if any) made by the Citizen Review Panel.

**United Way’s release of subsequent payments is conditional upon the receipt, review and approval of the January 31<sup>st</sup> report by United of Mason County Community Impact Committee. Funding for future years will also be conditional upon receipt, review and approval of reports. The approval of the report is based on the agency’s ability to achieve the outcomes and follow the budget as stated in the original Community Impact Grant Application. The required reporting form is posted on the United Way of Mason County website, [www.unitedwaymasonco.org](http://www.unitedwaymasonco.org) No reminder notices may be sent; it is the grantee’s responsibility to turn in the report by the required due dates.**

**A report is due twice a year:**

**1) January 31<sup>st</sup>-** Mid-year report (for the period July 1st – December 31st)

**2) July 31<sup>st</sup>-** End of year report (for the period January 1st – June 30th).

_____	_____
Authorized Signature	Date
_____	_____
Printed Name, Title	Phone

# SIX-MONTH FINANCIAL REPORT

## United Way of Mason County

### COMPLETE FORM FOR EACH FUNDED PROGRAM

Use the information from your application.

Line Items	Last Year 2014	Current Year 2015	Grant Seeking Year 2016
<b>INCOME:</b>			
United Way of Lewis County			
Other United Ways			
Individuals/Corporations			
Special Events			
Grants			
Membership Dues			
Program Income			
Investment Income			
Other Miscellaneous Income*			
<b>TOTAL INCOME</b>			
<b>EXPENSES:</b>			
Salaries			
Employee Benefits			
Payroll Taxes, etc.			
Professional Fees			
Insurances (D & O/Liability/Occupancy)			
Rent/Maintenance			
Utilities			
Telephones			
Specific Assistance to Individuals			
Special Events			
Travel & Transportation			
Supplies			
Postage			
Equipment Rental/Maintenance			
Promotional/ Printing			
Conference/Continuing Education/Meetings			
Membership Dues			
Other Miscellaneous Expenses*			
<b>TOTAL EXPENSES</b>			

\*Please explain these line items on a separate sheet of paper