

United Way Interim Report

2019-2020 Grant Outcome Reporting. Note: section 5 of this form will ask questions about the impact of the COVID-19 pandemic on your organization and programs. Please focus on non-pandemic related updates in sections 2-4. Note that once you have started the survey, you will not be able to save it and finish it later; you must complete it in one session.

Sections 6-16 of this form are concerned with Metrics & Evaluation. Since you may find it easier to type this information into a PDF, we've provided one on our website, at [uwlakes.org/nonprofit-resources/#grant-reporting](https://www.uwlakes.org/nonprofit-resources/#grant-reporting), that can be printed off and uploaded.

*Please use the buttons on the bottom of the form to navigate instead of your browser buttons. If you navigate using the back arrow on your browser, your previous progress will be erased.

* Required

1. Email address *

2. Organization Name *

3. Your Name:

- 4. Organizations will only need to complete the organizational section once. By clicking yes, you will advance to the program section of the report.

Mark only one oval.

- Yes, we have already submitted this section. Skip to question 10
- No, we have not completed this section. Skip to question 5

Organizational Update

Provide a brief update on any changes to your organization over the past 4 quarters. Your answers should be concise and accurate. Note that there is a separate section for addressing the impact of COVID-19 on your organization and programs.

- 5. What impact area does your grant address?

Check all that apply.

- Education
- Health
- Income & Basic Needs

- 6. Describe any new or developing changes to your organization over the past year.

Discuss current factors, if any, affecting your organization, both positive and negative, and how your organization is addressing these influences.

7. Describe any new or emerging collaborative efforts utilized by your organization.

What is your organization's role, and what has been accomplished through your partnerships? How have you collaborated in creative ways?

8. Describe practices or policies implemented over the past 12 months that reflect your organization's commitment to diversity, inclusion, and equity.

9. Organizational Governance: Please attach a list of board members and their community or company affiliation.

Files submitted:

Program Update

You will complete the following questions for each program receiving funding. Your answers should be concise and accurate. Provide a brief description of program changes over the past 12 months (i.e. program delivery, population served, etc). Note that there is a separate section on COVID-19, so please use this section to primarily discuss updates unrelated to COVID-19.

10. Program *

Name of program.

11. Briefly describe any new or developing changes to your program. *

12. Summarize any changes in program personnel, from year one of funding as well as planned/anticipated changes for year two of funding. *

13. What is the most significant trend affecting the issue(s) your program is addressing? *

Briefly describe one (non-pandemic related) trend affecting your clients, program, and/or the community (incorporate current statistics, studies, and/or data when possible).

COVID-19
Health &
Economic Crisis

Use this section to address any changes or projected changes to your program delivery resulting from the COVID-19 health and economic crisis.

14. Are you able to continue providing the service you requested funding for in your United Way grant application? *

If yes, how are you delivering the service and at what capacity? If no, are you providing any services at this time? Describe any changes to your service delivery model.

15. As a result of the COVID-19 pandemic, has your organization experienced or is it experiencing any of the following? (Please check all that apply) *

Mark only one oval per row.

	Yes, this has happened or is happening	No, but I expect this to happen	No, and I don't expect this to happen	Don't know or N/A
Moved to a virtual working environment at one or more location(s) or facility(ies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shifted staff from other services or projects to COVID-19 management efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Halted or delayed some services or projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Added new services or projects to focus on a COVID-19 response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced staff levels (e.g. conducted layoffs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Re-allocated funding from existing services or projects to focus on a COVID-19 response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tapped into reserves (e.g. rainy day fund, board designated reserves)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experienced an increase in demand for your programs and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Experienced a decrease in demand for your programs and services

Experienced a decrease in earned revenue (e.g. fee for service, contracts)

Experienced a decrease in contributed revenue (e.g. foundation grants, individual donations)

Experienced reduced capacity (e.g. staff or volunteer absences)

16. As a result of COVID-19, what are the biggest challenges facing your organization and/or those you serve? *

17. Please describe how United Way best support your organization and those you serve in the coming weeks and months. *

18. If you had an opportunity, would you be interested in modifying your grant objectives as a result of the COVID-19 crisis? *

Mark only one oval.

Yes

No

19. COVID-19 Financial Impact

Mark only one oval per row.

	Decreased significantly	Decreased somewhat	No change	Increased Somewhat	Increased Significantly
How has COVID-19 impacted your organization's fundraising/revenue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How has COVID-19 impacted your organization's operational costs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. COVID-19 Volunteer Impact *

Mark only one oval per row.

	Decreased significantly	Decreased somewhat	No change	Increased somewhat	Increased significantly
What is the current impact COVID-19 has had on your volunteer activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How has COVID-19 impacted your volunteer needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How has COVID-19 impacted your pool of available volunteers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. How are you engaging volunteers? *

Select all that apply.

Check all that apply.

Virtual

In-person

None

Other: _____

22. If there is anything else you'd like to note about volunteer engagement during COVID-19, do so here.

Optional

Budget

23. Attach your current Program Budget to include income and expenses. *

Include funding sources, either designated or allocated, to this program. Funding sources could consist of foundations, donors, and government contracts/grants. Please include the name of the specific source.

Files submitted:

24. Are United Way grant dollars used as local matching funds for state, federal, nonprofit, private, or other sources? *

Mark only one oval.

Yes

No

25. How have revenues and expenses changed from your original forecast and what were the main drivers of these changes? *

26. Does your program access or utilize emergency funding through the CARES Act or other funding sources? *

Select all that apply.

Check all that apply.

Paycheck Protection Program (PPP)

COVID-19 Response Funds

SBA Loan

Other: _____

Metrics & Evaluation

Complete all forms with reference to the program being reported on.

27. How will you submit your metrics and evaluation information? *

Agencies have the option of inputting metrics and evaluation information online (p.8-17), or uploading a previously filled out Metrics & Evaluation document. If you choose to upload the form, you will be taken directly to the form upload page.

Mark only one oval.

Input online

Upload *Skip to question 133*

A.
Outcomes
and
Indicator
Reporting

Outcomes and indicators should closely align with the impact area, target goal, and primary purpose of your request. For each outcome that will be reported, please state the percent and number of clients that will improve/change/modify their behavior or knowledge and by what percentage. Please report on the outcomes and indicators that were stated in your 2019 grant application.

KEY TERMS

Indicator: Specific, observable, and measurable characteristics, actions, or conditions that demonstrate whether the desired change has happened within the intended outcome domain.

Outcome: Broad areas of desired change, generally defined in terms of knowledge, skills, attitudes, behavior, condition, or status.

Example:

Impact Goal	Outcome:	Indicator:
<i>Education: Foster parent and family engagement</i>	Clients gain positive parenting knowledge	75% (175) of Parenting Program clients will achieve 90% or higher score on the Positive Parenting Assessment
<i>Income: Increase self-sufficiency</i>	Clients obtain job skills	90% (90) of Operation Work clients receive an average or above mock interview score
<i>Health: Promoting independence</i>	New clients will enroll and become engaged in volunteer activities	38% (57) of newly enrolled clients became actively engaged in volunteer activities.

28. Impact Goals *

29. Outcomes *

Please list three (3) outcomes that best reflect the primary purpose of your request.

30. Indicators *

Provide up to four (4) indicators per each outcome discussed above.

31. How are the results you're seeing informing your work? What are you learning? *

32. Which qualitative data collection methods do you utilize? *

Select all that apply.

Check all that apply.

- One-on-one interviews
- Paper surveys or questionnaires
- Focus groups
- Direct observation

Other: _____

B. Program Client Statistics

Number of unduplicated client characteristics (Clients/Patients/Recipients/Other)* over the past 12 months.

1. Program Beneficiaries

Indicate a number for each.

33. *

Individuals Served

34. *

Families Served

35. *

Services Provided

2. Gender

Indicate a number for amount of individuals in each gender served.

36. *

Male

37. *

Female

38. *

Transgender

39. *

Other

3. Age Group

Indicate a number for amount of individuals in each age group served.

40. *

Child (Birth - 5)

41. *

School-Aged (6 -18)

42. *

Young Adult (19 - 24)

43. *

Adult (25 - 64)

44. *

Senior (65+)

4. Race/Ethnicity

Indicate a number for amount of individuals of each race/ethnicity served.

45. *

African/African-American

46. *

American Indian

47. *

Asian/Pacific Islander

48. *

White

49. *

Latino/Hispanic

50. *

Multiracial

51. *

Race/Ethnicity Unknown

5. Residence by Zip Code

Indicate a number for amount of individuals residing in each zip code served.

a. Itasca County:

52. *

55709 (Bovey); 55722 (Coleraine)

53. *

55716 (Calumet)

54. *

55721 (Cohasset)

55. *

55744 (Grand Rapids)

56. *

55742 (Goodland)

57. *

55753 (Keewatin)

58. *

55764 (Marble)

59. *

55769 (Nashwauk)

60. *

55775 (Pengilly)

61. *

55784 (Swan River & Wawina Township)

62. *

55786 (Taconite)

63. *

55793 (Warba)

64. *

56628 (Bigfork)

65. *

56631 (Bowstring)

66. *

56636 (Deer River)

67. *

56637 (Talmoon); 56657 (Marcell); 56659 (Max); 56680 (Spring Lake)

68. *

56639 (Effie)

69. *

56681 (Squaw Lake)

70. *

56688 (Wirt)

b. Aitkin County:

71. *

55748 (Hill City)

72. *

55752 (Jacobson)

73. *

56626 (Bena)

74. *

56641 (Federal Dam)

7. Income

Based on Households Served. Indicate a number for amount of households served at each income level.

75. *

Below 100% of Federal Poverty Guidelines

76. *

Between 100%-200% of Federal Poverty Guidelines

77. *

Above 200% of Federal Poverty Guidelines

78. *

Income Unknown

Optional Demographics

United Way can often benefit from knowing other details about the individuals served in the programs we fund. The following information would help us in our work. It is optional, however, and intended for programs that are already collecting this information.

79. How many veterans and their families do you serve?

80. How many do you serve that identify as LGBTQ?

81. How many people do you serve with a criminal background?

82. How many persons do you serve with a disability?

83. How many immigrants or refugees do you serve?

Volunteer Engagement

84. *

How many volunteers did you engage in the past year?

85. *

How many volunteer hours were served?

86. *

Which volunteer recruitment methods do you utilize?

Check all that apply. Targeted: small groups, events, trade booths, volunteer sites Warm Body: newspaper, social media, print materials Social Circles: donors, clients, former board membersOther: _____

C. Program Service Statistics

Select one of the areas indicated below. If your program addresses more than one area, you will have the opportunity to add that information later. Use "Other" spaces for units of service that you measure for this program.

87. Does your program provide or address: *

Mark only one oval. Food Programs *Skip to question 88* Safety *Skip to question 93* Legal Assistance *Skip to question 102* Social Services *Skip to question 111* Educational, Recreational, and Social Activities *Skip to question 123*

Food Programs

88. Number of meals distributed

89. Pounds of food distributed

90. Number of referrals made

91. Other:

92. Does your program also provide or address:

Mark only one oval.

Safety *Skip to question 93*

Legal Assistance *Skip to question 102*

Social Services *Skip to question 111*

Educational, Recreational, and Social Activities *Skip to question 123*

None of the above *Skip to question 132*

Safety – Domestic Violence/Sexual Assault/Crisis Shelter

93. Number of shelter/safe housing nights

94. Number of times provided legal advocacy or court assistance

95. Number of crisis calls handled

96. Number of Orders of Protection

97. Number of Restraining Orders

98. Number of clients transitioned out of an unsafe environment

99. Number of clients received crisis counseling

100. Other:

101. Does your program also provide:

Mark only one oval.

- Food Programs *Skip to question 88*
- Legal Assistance *Skip to question 102*
- Social Services *Skip to question 111*
- Educational, Recreational, and Social Activities *Skip to question 123*
- None of the above *Skip to question 132*

Legal Assistance Programs

102. Number of housing cases handle

103. Number of benefits cases handled

104. Number of domestic violence-related cases handled

105. Number of family law cases handled

106. Number of mediation or alternative dispute resolution cases handled

107. Number of parental education seminars conducted

108. Number of cases with a positive outcome for the client

109. Other:

110. Does your program also provide or address:

Mark only one oval.

- Food Programs *Skip to question 88*
- Safety *Skip to question 93*
- Social Services *Skip to question 111*
- Educational, Recreational, and Social Activities *Skip to question 123*
- None of the above *Skip to question 132*

Social Services/Case Management/Resource Assistance

111. Number of referrals made

112. Number of case management or counseling sessions (in person or by phone)

113. Number of clients connected to housing options

114. Number of clients connected to educational options

115. Number of clients connected to employment options

116. Number of clients received financial assistance for food, clothing

117. Number of clients received financial assistance for rent, utilities

118. Number of clients received assistance for transportation

119. Number of clients received assistance for daily living/chores

120. Number of clients able to stay connected to the community

121. Other:

122. Does your program also provide or address:

Mark only one oval.

Food Programs *Skip to question 88*

Safety *Skip to question 93*

Legal Assistance *Skip to question 102*

Educational, Recreational, and Social Activities *Skip to question 123*

None of the above *Skip to question 132*

Educational, Recreational, and Social Activities

123. Number of clients participated in educational mentored outings

124. Number of clients participated in recreational mentored outings

125. Number of clients participated in social activity events/outings

126. Number of clients participated in educational tutoring/mentoring

127. Number of youth participated in scouting

128. Number of adults trained to work with/mentor/tutor youth

129. Number of adults worked with youth

130. Other:

131. Does your program also provide or address:

Mark only one oval.

- Food Programs *Skip to question 88*
- Safety *Skip to question 93*
- Legal Assistance *Skip to question 102*
- Social Services *Skip to question 111*
- None of the above *Skip to question 132*

Metrics & Evaluation (cont.)

132. Finished with metrics and evaluation?

Mark only one oval.

- Select to continue to the next section *Skip to question 134*

Metrics & Evaluation Form

133. Upload your Metrics & Evaluation Form here.

Files submitted:

Fundraising
Information

Information provided may be used in United Way online and print communications.

134. Gift Impact *

Please submit up to three examples of services provided by the program that a weekly contribution of \$X dollars would make possible. Example: \$14 per week provides after school programming for a middle school student for one year.

135. Economic Impact *

Please provide an example (include source) of the economic benefit and community well-being of your program services. Every dollar invested in early childhood development yield high public returns, as much as \$16 through reduced pregnancy, improved graduation rates, improved performance in school, increased wages, and reduced incarceration rates. Source: MinneMinds Coalition

Impact
Story

What is the impact of your program in participants' lives and/or the community? What significant change(s) will participants experience after successful completion of the program? Please share a recent story of a participant's experience and success as an illustration of the success the program generates.

136. Impact Story *

Not to exceed 150 words.

137. Are any of the following available regarding the above impact story? *

Select all that apply.

Check all that apply.

- High-quality, high-resolution digital photographs available for promotional purposes?
- High-quality, high-resolution video available for promotional purposes?
- Participant has signed a public relations release.

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