

United Way Quarterly Report - Q3

The impact of the health and economic crisis made it necessary for us to implement a new funding framework, wherein grant allocations will be decided quarterly, based on operating capacity, demand for services, and the essential nature of a given program. Our Community Impact Committee concluded that going forward, we would ask our partner agencies to complete a brief report sharing changes and updates to your program goals and delivery. This will allow us to continue making informed decisions in this ever-changing landscape.

The information you report will primarily refer to initiatives, changes, and adaptations that occurred during the past three months (January - March 2021).

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. A downloadable copy is available on our website so that you can prepare if you wish to do so.

*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. Your Name: *

Name of the staff member or representative completing this report.

3. Your Email Address: *

4. Organization Name *

5. Program *

Name of program.

6. What impact area does your grant address? *

Check all that apply.

- Education
- Health
- Income & Basic Needs

Update

Provide a brief update on any changes to your program and/or organization over the past quarter: January 1, 2021 - March 31, 2021. Your answers should be concise and accurate.

7. Describe any new or developing changes to your program and/or organization over the past quarter (January 1, 2021 - March 31, 2021) *

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

8. Summarize any changes, current and/or anticipated, in program personnel since you completed your last quarterly report in January. *

If nothing has changed, type N/A or "No changes."

COVID-19 Update

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

9. 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.

10. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experienced a decrease in earned revenue (e.g. fee for service, contracts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

13. 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

14. 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"/>

15. 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"/>

16. How are you engaging volunteers? *

Select all that apply.

Check all that apply.

- Virtual
- In-person
- None

Other: _____

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

Optional

Budget

Organizations may be requested to submit further financial information.

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

Mark only one oval.

Yes

No

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

20. 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
- Itasca Non-Profit Grants (through IEDC)

Other: _____

Outcomes and indicators align with the impact area, target goal, and primary purpose of your request. Below, please report on your progress toward the impact goals outlined in your grant application in 2019 and reviewed in June's interim report.

Metrics

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 of impact goals, outcomes, and indicators:

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.

21. How much progress have you made towards your impact goals? *

Have your impact goals stayed the same, or have they shifted in response to the pandemic? What has been challenging and/or helpful as you aim to achieve these goals?

Program
Client
Statistics

Number of unduplicated client characteristics (Clients/Patients/Recipients/Other)* over the past 3 months (Jan. - March 2021). Only submit the number of clients relevant to United Way's service area, which includes all of Itasca County as well as Hill City.

Your answers should be numerical, but you may add context if necessary (for instance, specifying services). There will be space at the end of the report to further expand.

For data you do not track, type N/A.

1. Program Beneficiaries

Indicate a number for each.

22. Individuals Served *

23. Families Served *

24. Services Provided *

2. Gender

Indicate a number for amount of individuals in each gender served. If you do not track this demographic data, type N/A.

25. Male *

26. Female *

27. Transgender *

28. Other *

3. Age Group

Indicate a number for amount of individuals in each age group served. If you do not track this demographic data, type N/A.

29. Child (Birth - 5) *

30. School-Aged (6 -18) *

31. Young Adult (19 - 24) *

32. Adult (25 - 64) *

33. Senior (65+) *

4. Race/Ethnicity

Indicate a number for amount of individuals of each race/ethnicity served. If you do not track this demographic data, type N/A.

34. African/African-American *

35. American Indian *

36. Asian/Pacific Islander *

37. White *

38. Latino/Hispanic *

39. Multiracial *

40. Race/Ethnicity Unknown *

7. Income

Based on Households Served. Indicate a number for amount of households served at each income level. If you do not track this demographic data, type N/A.

41. Below 100% of Federal Poverty Guidelines *

42. Between 100%-200% of Federal Poverty Guidelines *

43. Above 200% of Federal Poverty Guidelines *

44. Income Unknown *

45. Summarize any changes that have occurred regarding program beneficiaries. *

Compare last year's statistics (Jan. - March 2020) to this year's (Jan. - March 2021). What has changed, and what is driving those changes?

Additional Information

46. If there's anything else you'd like to share - feedback, concerns, additional information - let us know here.
