# United Way Quarterly Report - Q1

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 (July - September 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 *

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: July 1, 2021 - September 30, 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 (July 1, 2021 – September 30, 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 June. *

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 COVID-19, what are the biggest challenges facing your organization and/or those you serve? *

11. How are you currently engaging volunteers? *

Are you engaging volunteers virtually, in-person, or not at all? What challenges or successes are you facing in terms of volunteer engagement?

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

Budget

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

*Mark only one oval.*

◯ Yes

◯ No

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

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_____

15. 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: ☐ _____

Metrics

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.

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

16.  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?

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Program Client Statistics

Number of unduplicated client characteristics (Clients/Patients/Recipients/Other)* over the past 3 months (July - September 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.

17.  Individuals Served *

_____

18. Families Served *

_____

19. Services Provided *

Services Provided refers to the number of times clients have received services from your program.

_____

## 2. Gender

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

20. Male *

_____

21. Female *

_____

22. Transgender *

_____

23. 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.

24. Child (Birth - 5) *

_____

25.   School-Aged (6 -18) *

_____

26.   Young Adult (19 - 24) *

_____

27.   Adult (25 - 64) *

_____

28.   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.

29.   African/African-American *

_____

30.   American Indian *

_____

31.   Asian/Pacific Islander *

_____

32.   White *

_____

33. Latino/Hispanic *

_____

34. Multiracial *

_____

35. 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.

36. Below 100% of Federal Poverty Guidelines *

_____

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

_____

38. Above 200% of Federal Poverty Guidelines *

_____

39. Income Unknown *

_____

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

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

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Additional Information

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

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Google Forms