**2019 Community Impact Funding Final Report**

**UNITED WAY OF ADAMS COUNTY**

**Agency Name:**

**Program Name:**

**Amount Granted: $**

**A. PROGRAM INFORMATION**

1. Program description (If any substantial changes were made to this program during this

program-funding year, please explain what they were and why they were necessary. This may

include outcome measurements, changes in targeted demographics, notable variances in

numbers and demographics of consumers served, etc.):

3,500 Character Maximum

2. Actual outcomes (Please explain any substantial differences in the actual outcomes versus

the intended outcomes of this program.):

3,500 Character Maximum

3. Measurements used to determine this program’s success:

3,500 Character Maximum

4. Number of clients this program served (Please explain any substantial differences in the

number of clients served versus the number this program anticipated serving.):

3,500 Character Maximum

5. Demographics (zip code, age, gender, ethnicity, ability, etc.) of clients this program served.

(Please explain any substantial differences in the demographics of those served versus those

this program anticipated serving.):

3,500 Character Maximum

6. Describe any working/collaborative relationships your agency has with other agencies:

3,500 Character Maximum

7. OPTIONAL: Any additional program-related information you would like to share.

3,500 Character Maximum

**B. FINANCE INFORMATION**

1. Attachment 1: A financial report comparing proposed (budgeted) to actual expenditures for

the program.

2. Explanation of any revenue or expense variances of 10% or more.

3. Statement of Revenue (from most recently submitted IRS Form 990):

$       Total Revenue (Form 990; Part VIII; Line 12; Column A)

$       Government Grants & Contributions (Form 990; Part VIII; Line 1E)

$       Fundraising Events (Form 990; Part VIII; Line 1C)

$       Other Contributions, Gifts & Grants (Form 990; Part VIII; Line 1F)

$       Program Service Revenue (Form 990; Part VIII; Line 2G; Column A)

$       Other Revenue (Form 990; Part VIII; Lines 3-10C; Column A)

$       UWAC Community Impact Grant

4. Percent of Revenue from UWAC Community Impact Grant:      %

(UWAC Community Impact Grant divided by Total Revenue)

**C. CONTACT INFORMATION** (Please provide the contact information of the person best able to answer

Questions related to the preparation of this report.)

Contact Name and Title:

Phone:       Email:

I certify that the information presented herein and upon the required attached documents, detailing the

Financial condition of this agency and describing the program for which it received funding from United

Way of Adams County Community Impact Fund, is true and correct.

Signature:       Printed Name:

Executive Director/President/CPO

Date:

**Please mail final report by October 15, 2019 to United Way of Adams County,**

**P.O. Box 3545, Gettysburg, PA 17325**