

167 Polk Street, Suite 300 Watertown, NY 13601 P: 315.788.5631 www.unitedway-nny.org

<u>COMMUNITY IMPACT GRANT – YEAR-END REPORT</u>

Name of Organization:	
Funded Program / Project:	
Name of Primary Contact:	Title:
Email:	Phone:
Please answer all questions. Attach additional sheets if ne	cessary.
Did you fully expend the Community Impact funds during and your plan for those funds.	the calendar year? If not, please explain how much remains
Describe any challenges or obstacles encountered during	the grant period.
Describe the population served through the Community Ir individuals served. If you are unable to identify the numb	
# Households Served: # Individuals Served, Children Infant to 17: # Individuals Served, Adults, ages 18 – 64: # Individuals Served, Seniors, ages 65+: Summarize the final outcomes and impact of the program application and reflect on progress toward those goals:	. Please refer to the measurable outcomes listed in your
Please share at least one story of impact—big or small—th barrier, meet a critical need, or move forward.	nat illustrates how your program helped someone overcome a