

**United Way of Faribault
2014-15 PARTNER PROGRAM REPORT FORM**

Agency Name:

Program Name:

Program Manager:

Report Period: **Jul 1/2014– Year to Date**

Contact Person:

Contact's Phone #:

Contact's Email:

FROM 2014-15 PROGRAM GRANT APPLICATION	PROGRESS TOWARD GOALS / ACTUAL OUTCOMES
<p>EXPECTED PROGRAM OUTCOMES</p>	<p>ACTUAL PROGRAM OUTCOMES</p> <p>WHAT METHOD DID YOU USE TO COLLECT OUTCOME DATA?</p>
<p>PROJECTED # SERVED (THIS PROGRAM ONLY)</p>	<p>ACTUAL # SERVED TO DATE (THIS PROGRAM ONLY)</p>
<p>PLEASE SEND OR EMAIL REPORT TO:</p> <p>UNITED WAY OF FARIBAULT 220 CENTRAL AVE, STE 100 FARIBAULT, MN 55021 507.218.8420 KIM@UNITEDWAYOFFARIBAULT.ORG</p> <p>REPORTS DUE: APRIL 15, 2015</p> <p>REFLECTIVE DATES: Jul 1/2014– Year to Date</p>	<p>ANY BARRIERS TO MEETING OUTCOMES? HOW ARE BARRIERS BEING ADDRESSED?</p> <p>WERE UW FUNDS USED DURING THIS PERIOD? HOW MUCH?</p> <p>HOW WERE FUNDS USED DURING THIS PERIOD?</p>

NARRATIVE: (PLEASE INCLUDE 2 IMPACT AND/OR SUCCESS STORIES THAT CAN BE USED IN FUTURE CAMPAIGN MATERIALS THAT DESCRIBE HOW YOUR PROGRAM IMPROVED OR CHANGED THE LIVES OF YOUR CLIENTS) (MAX 500 WORDS)