

Delano Loretto Area United Way

PO Box 578
Delano MN 55328
763-972-4429

www.delanolorettouw.org
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Final Report: 2020 – 2021 Funding Year

- The information provided in this final report will be shared with the Delano Loretto Area United Way Board of Directors.
- Final Reports must be completed on-line and submitted by March 1, 2021 for year-around programs OR six weeks after the project end date listed in the grant application for seasonal projects.
- Organizations will **not** be considered for funding in future years if they have not met the requirements of the grant, including completion of the final report.

Organization & Contact Information

Name of Organization: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Website: _____

Executive Director: _____

Contact Person: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Funding Request

2020 Request: _____

2020 Amount Funded: _____

Delano Loretto Area United Way Funding Priorities
Please select the area your grant request addresses:

_____ Basic Needs – Providing basic needs / crisis emergency services

_____ Education – Helping children, youth, and adults achieve their full potential

_____ Health – Improving people’s health and social well-being

What were the goals of your program / project? Did you meet them?

How did you evaluate your program / project? (If you have surveys or similar evaluation tool, please upload compiled data)

Describe the outcome or impact that this program / project had in the community, specifically as it relates to UW funding priorities:

What challenges did you encounter and how did they impact your project?

If you intend to continue this program / project, what changes will you make to have an even greater impact on the community?

Please list the number of people that were actually served using this grant funding.

Race

- _____ African American
- _____ Native American
- _____ Asian
- _____ Caucasian
- _____ Latino
- _____ Other (Please Describe)

Age

- _____ Birth - Preschool
- _____ Grades K - 6
- _____ Grades 7 - 12
- _____ Ages 19 - 25
- _____ Ages 26 - 64
- _____ Age 65

Gender

- _____ Male
- _____ Female

Income Level

- _____ Low Income (As defined by the US Federal Gov. Dept. of Health & Human Services – See www.census.gov)

What cities / townships did the participants in your program live in? Please check all that apply.

- _____ City of Delano
- _____ City of Loretto
- _____ City of Independence
- _____ Surrounding townships (Franklin, Rockford)
- _____ Other – please list: _____

Did you:

___ Yes ___ No Acknowledge Delano Loretto Area United Way funding in your printed materials and publicity? Please upload samples of printed materials and / or press releases.

___ Yes ___ No Submit an article about your program / project to an area newspaper or newsletter for publication, including photos? If it was published, please upload a pdf.

___ Yes ___ No Submit the article and photos to Delano Loretto Area United Way for publicity purposes?

Please provide the budget for this program or project:

Revenue:

Revenue Source	Proposed Amount	Actual Amount
1. Delano Loretto Area United Way	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$

Total: \$ _____ \$ _____

Expenses:

Expense	Proposed Amount	Actual Amount
1. Personnel	\$	\$
2. Supplies	\$	\$
3. Advertising and Printing	\$	\$
4. Travel	\$	\$
5. Rent and equipment	\$	\$
6. Professional fees	\$	\$
7. Fee Reductions / Waivers	\$	\$
8.	\$	\$
9.	\$	\$
10.	\$	\$

Total: \$ _____ \$ _____

Actual Revenue minus Actual Expense: \$ _____

If revenue exceeded expense (i.e., net profit), what do you plan to do with the remaining funds?

If expense exceeded revenue, how do you plan to cover the loss?

How many participants received fee reductions / waivers?

Was anyone who requested and qualified for fee reduction / waiver turned down? If so, why?

Electronic Signature:

Enter your full name, title, and date of birth

Clicking "I Agree" confirms your signature:

Entering your signature information and clicking “I Agree” certifies that your Board of Directors / Advisory Committee supports this final report and that it is accurate.

I Agree

I Do Not Agree

All final reports must be submitted on-line at www.delanolorettouw.org

If you have questions, contact Courtney Olson, Coordinator, at 763-972-4429 or email delanolorettouw@gmail.com

Final report deadlines:

Year-around programs: March 1, 2021

Seasonal projects: 6 weeks after project end date listed in the grant application