



## 2019 Post-Allocation Report Form

**Period Covered:** January 1, 2019 – December 31, 2019 (Note: We understand that each agency might use different financial and program reporting methods. Please do your best to provide data on program accomplishments during this period. If you were funded for more than one program, please complete a form for each. **Feel free to attach additional pages** as needed but please quantify your information as much as possible.)

**Organization Name:** \_\_\_\_\_

**Program Funded:** \_\_\_\_\_

**Amount of Annual Allocation:** \_\_\_\_\_

**Did you expend the funds as stated in your approved application? If no, please explain.**

**Do you have any remaining funds that were not expended during the 2019 calendar year? If yes, please explain.**

*Please answer the following questions with regard to the program description and outcomes that the United Way of the Bradford Area funded during the 2019 calendar year.*

**INPUTS (The resources you used to deliver the program – i.e. staff, volunteers, funding, etc. Please refer to the itemized breakdown of purchases on page 3, as well).**

- Did your agency experience any staffing changes relevant to this program during the period covered in this report? If yes, please explain.
  
- Have there been significant changes in your budget or financial status that affected this program? If yes, please explain.

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Date Received:



**OUTPUTS (The quantity of services that were provided)**

PROGRAM/SERVICE	DATE PROVIDED	NUMBER OF INDIVIDUALSERVED

- Have there been any changes to the type or level of service/program funded by the United Way of the Bradford Area? If yes, please explain.

**OUTCOMES/IMPACT (The results that you accomplished. Please report the results of internal evaluation data.)**

- Have you encountered any barriers to the success of this program or observed any unintended outcomes?

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Printed Name and Title

Date

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Signature

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