



## Quarterly Impact Post-Allocation Report Form 2021

Period Covered (Please note the date of the Community Impact grant allocation): \_\_\_\_\_

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

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

Amount of Allocation: \_\_\_\_\_

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

Do you have any remaining funds that have not been expended from this allocation? 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.*

**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.

*For Office Use Only*  
Date Received:



PO Box 504 | 161 Main Street | Bradford, PA 16701  
 814-368-6181 (p) | (814) 368-5300 (f)  
[www.uwbanews.org](http://www.uwbanews.org)

**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 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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Please include an itemized break-down of the supplies, materials, misc. expenses you had for this program relevant to your United Way allocation during the 2018 calendar year. Add additional sheet(s) as necessary. Please include copies of receipts and/or proof of purchases.

Item	Number of Units	Total Cost
<b>TOTAL</b>		

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