



United Way of West Central Connecticut

July 1, 2009 - June 30, 2012
Agency Program
Outcome Data Report

(Agency Name)

(Program Name)

Instructions:

As part of your United Way funding, you are required to submit this Outcome Data Report within the first 18 months of your funding cycle (January 31, 2011) and at grant end (July 31, 2012). At the mid-point of the grant, please report on your fiscal year results that fall within that 18-month period. At grant end, please report on the entire three-year period. The information in this report should align with the original application you submitted and should highlight the results you obtained during the reported periods from funding provided by the UWWCC. **The financial report (page 6) will be required annually.**

Signature of Chief Professional Officer

Date

Signature of Chief Volunteer Officer

Date

Outcomes Due Date: January 31, 2011 & July 31, 2012

Agency Name _____

Program Name _____



Section I:
Program Data Form
(Please provide a Program Data Form for each program)

Program Name: _____

Program Manager & Contact Information: _____

Brief Program Description (Using 50 words or less, please describe the issue this program addresses and what impact or benefit this program has to the community):

Populations Served in the UWWCC Region:

Please indicate the characteristics of the populations that have been served in each category below based on the data collection procedures currently in use by the agency. Leave a blank space by any category for which you do not currently collect data.

Populations:	Children (0 - 18)	Adults (19 - 59)	Seniors (60+)	Families (Households)
Total # Served				
Male				
Female				
<150% of Poverty Level*				
Individuals with Disabilities*				
English as a Second Lanuaguage*				
African-American				
Caucasian				
Hispanic/Latino				
Other				
Bristol				
Burlington				
Plainville				
Plymouth				

*Duplicated counts may occur.

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Section II:

Building Blocks & Outcomes Addressed

When you submitted your original proposal, you described how this program addressed one (1) or more of the three (3) UWWCC Building Blocks and at least one Outcome. Those Building Blocks and Outcomes are listed below:

1) Education - Helping Children and Youth Achieve Their Potential

- Families are actively engaged with their children in programs, activities and/or experiences
- Children are prepared for success in kindergarten
- Youth demonstrate age-appropriate social, emotional and cognitive skills
- Youth become engaged in their community through increased volunteerism

2) Income - Promoting Financial Stability & Independence

- Adults improve/develop life skills necessary for self-sufficiency
- Families and individuals work toward self-sufficiency by meeting basic needs

3) Health - Improving People's Health

- People in physical or emotional distress access timely services resulting in improvement in functioning
- Older, isolated adults access services to increase their connection to their communities

Please explain and provide examples of how this program has aligned with at least one of these Building Blocks and Outcomes:

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Section III:

Program Logic Model



This section should reflect your proposed logic model and will help us to see how you reached your outcomes. If the information below does not align with your original application, please explain why in the space provided at the bottom of the page.

Outcomes - Benefits to participants during or after participation in the program

Indicators - Specific and measurable piece(s) of information that have shown the outcome occurred

Method of Measure - Method used for collecting performance measurement information for your indicators

	Outcome	Indicators	Method of Measure
Outcome #1:	➤	➤	➤
Outcome #2:	➤	➤	➤
Outcome #3:	➤	➤	➤

Explanation:

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Section IV:
Program Narrative

Please provide a narrative example of the impact this program has had on at least one of your clients, keeping in mind your previously stated outcomes and indicators:

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Section V: BUDGET DOCUMENTS

Year ___ of 3

PROGRAM BUDGET = _____ % OF AGENCY BUDGET

Line Item	Total Cost	Projected		Actual	
		%	Amount	%	Amount
Personnel (please list each position)					
Fringe Benefits (FICA, WC, UC, health, pension)					
Staff Training/Recruitment					
Travel					
Space Rental					
Occupancy Costs (maintenance, utilities)					
Insurance (please specify type)					
Equipment Purchase (please specify)					
Equipment Rental (please specify)					
Consumable Supplies					
Telephone/Communications					
Copying/Printing					
Postage					
Subscriptions/Memberships					
Professional/Consulting Services (please specify)					
Promotion/Publicity					
Other (please specify)					
TOTALS					