

**Delano Loretto Area United Way**

PO Box 578  
Delano MN 55328  
763-972-4429

[www.delanolorettouw.org](http://www.delanolorettouw.org)  
*FIND US ON FACEBOOK!*



**Final Report: 2019 – 2020 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 and submitted by March 10, 2020 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: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Funding Request**

2019 Request: \_\_\_\_\_

2019 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](http://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.delanololettouw.org](http://www.delanololettouw.org)

If you have questions, contact Courtney Olson, Coordinator, at 763-972-4429 or email [delanololettouw@gmail.com](mailto:delanololettouw@gmail.com)

*Final report deadlines:*

Year-around programs: March 10, 2020

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