UNITED WAY FOR CORTLAND COUNTY IMPACT FUNDING
2027 UWCC GRANT FUNDING EVALUATION REPORT
January – December

Name of organization:

Name of program funded:

Contact name:

Contact email:

Grant funding amount awarded:

How many unique individuals did the program serve in 10 months and will likely serve by 12 months?

Please provide a testimonial/story to convey the program's impact on an individual or community outcome:

PROGRAM IMPACT

Was the program able to address the community problem outlined in the initial application:

Yes

No

Somewhat

If not, what barriers persisted that kept the organization from achieving outlined impact goals:

If the program changed in any major way(s) from the initial application for grant funding, please describe the adjustments that were made:

If you were not already doing so, did you make any changes to policies or procedures that improved how the program interacted with or tracked Asset Limited, Income Constrained, Employed (ALICE) individual thresholds or below (e.g. did the program conduct intake assessments that include income verification, households size assessment, etc.):

Was the program able to operate in compatibility with IDEA (Inclusion, Diversity, Equity, and Access):

Yes

No

Somewhat

Describe any barriers to applying IDEA in the program's operation:

PROGRAM MANAGEMENT

Specify the outcomes of tracking mechanisms or procedures utilized as outlined in your application. Did your program ensure participants received comprehensive wrap-around services (e.g. the program took steps to address interconnected challenges, referred individuals to other support services, and followed up on the results from those efforts):

Describe any barriers in conducting wrap-around services:

DATA POINT REQUIRED: What were the program's metrics for success. Describe the milestones, goals, and/or deliverables and associated data (e.g. provided outreach to 250 individuals to utilize the program, created an online portal accessed by 300 users, etc.):

PARTNERSHIPS

Were local partnerships successful? Please explain:

Were there any barriers experienced by partners that influenced your program's outcome?

Were there any barriers to maximizing the program's geographic reach?

BUDGET USE/ORGANIZATIONAL NEED

Grant funding was utilized for: (choose all that apply then specify amounts below)

Payroll

Supplies

Overhead

Other

Specify the amounts grant funding was used for in each area chosen above:

Was your organization able to secure funding from other sources:

Yes

No

Was your organization able to operate the program without 100% funding from UWCC or other sources? If not, what barriers did the program experience. Please provide data points if possible (e.g. we had to turn away 25 clients, we didn't have the proper number of staff for x activity, we were not able to order the number of supplies needed, we forewent on a process or step that our capacity could not support):