

Quarterly Status Report

FY21 (July 1, 2021-June 30, 2022)

United Way of Southern Nevada

Organization:

Program Name:

Program Contact:

Quarter:	Q1	Q2	Q3	Q4
Due Date:	10.11.21	1.11.22	4.11.22	7.11.22

Date Submitted:

Section I: Program Activity

1. Have there been any changes to your organization's IRS 501(c)(3) nonprofit status since you were awarded this grant?

2. Have there been any significant changes to leadership and/or staff directly involved in successfully delivering the grant-funded project?

3. Describe below any challenges in program delivery or compliance (If yes, please explain):

4. If available, please provide demographic details (age group, sex, race/ethnic heritage) of the population(s) being served by your program.

Section II: Performance Measures

OUTPUTS (What your program is doing; units of service)

	Q1	Q2	Q3	Q4	YTD

OUTCOMES (Client- and group-level changes influenced by program activities)

Outcomes	Q1	Q2	Q3	Q4	YTD

Section III: Lessons Learned, Client Successes Volunteer Opportunities, and Media Engagement

1. Please note anything that has been learned that can improve the current project or improve similar, future projects:

2. *Please share a story of someone impacted by your program and United Way's financial support, addressing the following questions:*

- a. What were some of the challenges the individual/family faced?
- b. What led them to come to your program for help?
- c. How did they overcome the challenge with the help of your program and United Way?
- d. How is your program improving their life?

Would this individual consent to being interviewed by United Way for marketing purposes?

- *If yes, please provide the following information:*
 - *Name:*
 - *Email:*
 - *Phone Number:*

3. **Volunteer Outreach/Opportunities.**

4. **Media Engagement** (Please include any media mentions of the program and partnership between your organization and UWSN)

5. Please include any adjustments or modifications to the Scope of Work deemed critical to the overall success of the program. (Prior to implementation of any program changes to the Scope of Work, you must first receive written approval)

6. Please share any information related to future plans for your program (e.g. sustainability, expansion)

Section IV: Financial Reporting

Financial Reporting				
Below is an itemized expense budget for this project (per awarded grants). If there are any significant changes in your financial position or there are any major variances, please explain.				
Item Description	Budgeted Expense	Actual Expenses		Actual YTD Expenses:
		From To	Quarter Start Quarter End	
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
Notes:				

1. **Budget Justification** (Please include a short justification and description of related program activities for each item listed under “Item Description” in the table above. If funds are not being spent as described in your initial proposal, please provide a description and explanation of any relevant issues.

Section V: Program Staff & Role

Please list relevant program staff, email, their role, and the date they began working with the program

Name	Role	Email	Start Date