

County United Way, Inc.

113 A. South Centre Street, Cumberland MD 21502 • 301-722-2700 • www.cuw.org



2024/2025 Impact Report Quarterly

Please use this form to complete your quarterly Impact Funding Report. Should you have any questions, please email misty@cuw.org

This form should be used to report the specific impact made as a result of using dollars from the County United Way, Inc. 2024-2025 Community Impact Investment.

NOTE: IT IS IMPORTANT THAT INDIVIDUALS ARE REPORTED.

NOTS: IT IS IMPORTANT THAT YOU INCLUDE ONLY IMPACT MADE BY CUW DOLLARS.

Which quarter is being reported?

Quarter 1 (due October 9, 2024)

Quarter 2 (due January 9, 2025)

Quarter 3 (due April 9, 2025)

Quarter 4 (due July 9, 2025)

GENERAL CONTACT INFORMATION

Organization _____

Contact Name _____

Email _____

Phone _____

Second Contact Name _____

Second Contact Email _____

Second Contact Phone _____

COLLABORATING AGENCIES

Please use this section to list any agencies or programs with which there is collaboration specific to this CUW grant.

Agency 1 _____

Agency 2 _____

Agency 3 _____

Agency 4 _____

Agency 5 _____

PROGRAM REPORTING-ONLY ONE COUNTY PER REPORT

Amount Received - Allegany County* (if none, type 0.00) _____

Amount Received - Garrett County* (if none, type 0.00) _____

Amount Received - Mineral County* (if none, type 0.00) _____

Amount Received - Hampshire County* (if none, type 0.00) _____

What amount of this grant has been spent during the quarter for which you are reporting?* _____

If none, please provide details or information that will explain no or limited use of funds.

Program Goal 1

Please list only one program goal here - a maximum of 500 words is allowed.

Program Goal 1 - Outcomes

Please associate any outcomes of goal 1 here.

Program Goal 2

Please list only one program goal here - a maximum of 500 words is allowed.

Program Goal 2 - Outcomes

Please associate any outcomes of goal 2 here.

Program Goal 3

Please list only one program goal here - a maximum of 500 words is allowed.

Program Goal 3 - Outcomes

Please associate any outcomes of goal 3 here.

What % of individuals accomplished positive impacts. _____

of individuals supported this quarter.

This is the total number served. Please break down the use of funds in the next few questions. The totals below should be equal to the number here if the grant covered any of the categories that follow. PLEASE NOTE: THIS RESPONSE SHOULD BE INCLUSIVE OF ONLY THE PORTION OF INDIVIDUALS SERVED USING THESE FUNDS. Ex: \$500 grant purchased 200 meals. IF THESE DOLLARS WERE SUPPLEMENTAL TO OTHER FUNDS FOR THE SAME PURPOSE, DO NOT INCLUDE THOSE FUNDS IN THIS REPORT - ONLY THE UW DOLLARS.

Cost to serve each individual. _____

Above you noted the the number of individuals served. Please list here the cost to serve each individual.

Race Identify: How many from the following were served from this grant in this quarter: African American/Black, American Indian, Asian or Asian American, Hispanic or Spanish origin, Middle Eastern North African, Mixed Race, White/Caucasian, Prefer not to respond.

This is the total number served. Please break down the use of funds in the next few questions. The totals below should be equal to the number here if the grant covered any of the categories that follow. PLEASE NOTE: THIS RESPONSE SHOULD BE INCLUSIVE OF ONLY THE PORTION OF INDIVIDUALS SERVED USING THESE FUNDS. Ex: 500 individuals, 200 White/Caucasian, 100 African American, 200 prefer not to say. ONLY ACCOUNT FOR INDIVIDUALS AWARDED FUNDS FROM THIS CUW GRANT. NO OTHER GRANTS TO BE CONSIDERED IN THIS AREA.

Ability Status: How many from the following were served from this grant in this quarter: Sensory Impairment (vision/hearing), Learning disability, Long-term medical illness, Long-term mental health condition, Mobility Impairment, Sensory impairment, Intellectual Disability, Disability or impairment not listed, Prefer not to respond.

This is the total number served. Please break down the use of funds per Ability Status using the information above. The totals below should be equal to the number here if the grant covered any of the categories that follow. PLEASE NOTE: THIS RESPONSE SHOULD BE INCLUSIVE OF ONLY THE PORTION OF INDIVIDUALS SERVED USING THESE FUNDS. Ex: 500 individuals, 200 Learning Disability, 100 Mobility Impairment, 200 prefer not to say. ONLY ACCOUNT FOR INDIVIDUALS AWARDED FUNDS FROM THIS CUW GRANT. NO OTHER GRANTS TO BE CONSIDERED IN THIS AREA.

Gender: How many from the following were served from this grant in this quarter: Woman/Female, Man/Male, Gender Fluid, Non-Binary, Prefer not to respond

This is the total number served. Please break down the use of funds per Gender using the information above. The totals below should be equal to the number here if the grant covered any of the categories that follow. PLEASE NOTE: THIS RESPONSE SHOULD BE INCLUSIVE OF ONLY THE PORTION OF INDIVIDUALS SERVED USING THESE FUNDS. Ex: 500 individuals, 200 Man/Males, 100 Non-Binary, 200 prefer not to say. ONLY ACCOUNT FOR INDIVIDUALS AWARDED FUNDS FROM THIS CUW GRANT. NO OTHER GRANTS TO BE CONSIDERED IN THIS AREA

Gender: How many from the following were served from this grant in this quarter.

Transgender

This is the total number served. Please break down the use of funds per Gender using the information above. The totals below should be equal to the number here if the grant covered any of the categories that follow. PLEASE NOTE: THIS RESPONSE SHOULD BE INCLUSIVE OF ONLY THE PORTION OF INDIVIDUALS SERVED USING THESE FUNDS. Ex. 500 individuals, 400 No, 100 Yes. ONLY ACCOUNT FOR INDIVIDUALS AWARDED FUNDS FROM THIS CUW GRANT. NO OTHER GRANTS TO BE CONSIDERED IN THIS AREA.

Age: How many from the following were served from this grant in this quarter: 0-5, 6-18, 19-24, 25-64, 65 and older. Not reported.

This is the total number served. Please break down the use of funds per Age using the information above. The totals below should be equal to the number here if the grant covered any of the categories that follow. PLEASE NOTE: THIS RESPONSE SHOULD BE INCLUSIVE OF ONLY THE PORTION OF INDIVIDUALS SERVED USING THESE FUNDS. Ex: 500 individuals, 100 (25-64), 100 (19-24), 300 (65 and over). ONLY ACCOUNT FOR INDIVIDUALS AWARDED FUNDS FROM THIS CUW GRANT. NO OTHER GRANTS TO BE CONSIDERED IN THIS AREA.

PROGRAM/SERVICE/TYPE

BASIC NEEDS

- Utilities**
- Rent**
- Medications**
- Food**
- Hygiene Items**

of Utilities _____
Count should be reported by individuals or households as indicated above.

of Rent _____
Count should be reported by individuals or households as indicated above.

of Mortgage _____
Count should be reported by individuals or households as indicated above.

of Medications _____
Count should be reported by individuals or households as indicated above.

of Food _____

Count should be reported by individuals or households as indicated above.

of Hygiene Items _____

Count should be reported by individuals or households as indicated above.

Family/Health/Education/Community Services

Mentoring **Medical Assistance**

Mental Health **Youth Activities**

Parenting **Community Services**

Behavioral **Child Care**

Tutoring **Other...**

Dental Assistance

of mentees _____

Count should be reported by individuals or households as indicated above.

of mentors _____

Count should be reported by individuals or households as indicated above.

of provided mental health services _____

Count should be reported by individuals or households as indicated above.

of parenting participants _____

Count should be reported by individuals or households as indicated above.

of tutoring services _____

Count should be reported by individuals or households as indicated above.

of dental services _____

Count should be reported by individuals or households as indicated above.

of medical services _____

Count should be reported by individuals or households as indicated above.

of participating in youth activities _____

Count should be reported by individuals or households as indicated above.

of community activities/services _____

Count should be reported by individuals or households as indicated above.

of households that received child care assistance _____

of children (collective total) _____

If you answered the question above for number of households that received childcare assistance, please list here the total number of children served.

If you answered "other", please list here the programs or services provided.

What is the story behind the numbers?

You must share at least one story or impact statement. Duplicative statements will not be accepted from the previous quarters. Please do not exceed 500 words. If you believe you do not have a relevant statement, please explain here.

Can we publicly share this update or story? Yes No

Will individuals continue to require program services/assistance? Yes No

If yes to the above, is this individual ALICE or below?

For more information about ALICE in Maryland, please visit <https://unitedforalice.org/maryland> or <https://unitedforalice.org/west-virginia>

- ALICE (Asset Limited, Income Constrained, Employed)**
- Below ALICE**
- Unsure**

Did you connect these individuals with any other programs or services?

- Yes**
- No - not eligible**
- No – Not required**
- No – Not Available**
- Other**

If yes, what specific programs or services?

Do you have suggestions or recommendations that will help us improve this report?

County United Way utilizes the information obtained here to provide community impact information to its donors and to report to UWW on individuals being served in our communities. Your feedback is appreciated.