

---

Organization Name

---

Program Name

---

Name and Position of Individual Completing Report

---

Telephone

Email

**\*IMPORTANT: All questions of this report are required. As per the 2024 Funding Agreement, failure to submit a report by the deadline without notice to UWNL, results in forfeiting the final 20% of funding and the organization will not qualify for funding opportunities for two years (2025 & 2026).**

---

**Section 1: Project Results** \*REFERENCE THE ORIGINAL APPLICATION WHILE COMPLETING REPORT\*

---

1) Did your program achieve your expected outcome(s) results?

All Results Achieved       Some Results Achieved       No Results Achieved

2) If you were unable to meet **all** of your expected outcome(s)/results? Please provide a brief explanation be sure to include any information related to influencing factors and internal or external issues that may have impacted your progress.

3) During the funded period, were changes made to the impact area, target group, outcome(s), indicator(s) or measurement method(s)? Review your application for funding.

Yes (please complete **Question 4 and Question 5**)  
 No (please complete **Question 5**)

United Way Newfoundland and  
Labrador 2024 Final Report

4) If applicable, briefly describe the changes made and why the changes were necessary.

5) What is **one key finding** from your outcome evaluation activities? Include any unexpected results (positive or negative) and/or explain how your results have impacted the operation of the program or the organization as a whole.

6) Does your organization require any follow-up training or support in measuring outcomes for the specific project/program?

Yes    No

United Way Newfoundland and  
Labrador 2024 Final Report

7) If your program involved partnerships or collaborations with other organizations or individuals, please describe the effects of this relationship on your program.

8) If your program is to be ongoing, what steps have you taken to sustain it?

9) When submitting report, attach the actual program revenue (include all sources) and expenses for the program. **Identify those covered by United Way Funding.**

10) Please list specifically which Newfoundland and Labrador communities have been impacted directly by your program. Be sure to include communities of all sizes. (This information allows us to truly demonstrate our organization's provincial reach.)


United Way Newfoundland and  
Labrador 2024 Final Report

**Section 2: Community Impact**

---

Reporting back to our donors is key to ensuring our ability to continue our work in the province, which ultimately enables us to fund projects such as this one. Please answer the following questions which offer tangible comparisons we can share with our donors. **Note:** *The information you provide below may be used in United Way campaign materials to highlight the positive impact your agency has on the quality of life in our community.*

**1) Please provide a minimum of 2 reasons why donors should give, based on your accomplishments. Be sure to review the information you provided in your initial application for funding and link your answers back to your selected impact area and outcomes.**

*Examples:*

- Delivered 36,000 nutritious meals to 736 seniors helping them to maintain their ability to remain in their home
- Enabled 524 at-risk children to have a mentor, assisting them to improve academic performance or improve family relationships
- Helped 37 young adults reduce the severity of angry outbursts and utilize strategies to de-escalate anger, through participation in anger-management groups

**Your reason(s) to give:**

1.

2.

3.

United Way Newfoundland and  
Labrador 2024 Final Report

Complete the following Data Charts:

2) Please use point-form where possible and **refer to your original application** to ensure you are reporting the desired outcomes listed in your funding request.

**Outcome Data Chart:**

Complete the chart below to reflect your outcomes and indicators for your funded program.

Outcomes		Indicator/Target Results
Outcomes & Indicator 1		
Outcomes & Indicator 2		
Expected Long Term Outcomes		

United Way Newfoundland and  
Labrador 2024 Final Report

**Client Data Chart:**

Complete the chart below to reflect the number of people directly impacted by the funding provided by UWNL. ie how many people in each age category used your program or service because of UWNL funding. If exact number is unknown, please estimate. Indicate all applicable groups using the age groups provided.

Infant/Preschool (0-6 )	
Child (7-11)	
Youth (12-24)	
Adult (25-64)	
Senior (65+)	
Other:	
Total # of all Age Groups	

- 3) One of our most popular promotional pieces is our “Spare Change” document, which compares how the average person might spend their “spare change” each week vs. what one of our funded charities could do with the same amount.

Please provide examples of how \$2, \$5, \$10, and \$20/week over the course of an entire year, could impact your clients. (\$104/yr, \$260/yr, \$520/yr, and \$1040/yr) Use examples relevant to your funded program/project.

*Examples (not accurate):*

- \$2 a week helps 5 children learn about healthy eating and cooking, reducing the likelihood of obesity and juvenile diabetes.
- \$5 a week allows a toddler to learn in an early childcare environment while their parent continues their education.

\$2/week	
\$5/week	
\$10/week	
\$20/week	

United Way Newfoundland and Labrador  
2024 Final Report

**4) Please provide a testimonial or quote from a client, volunteer or participant, sharing their "story" or experience relating to their involvement in the program or service funded by the Community Fund grant.**

**Note: If you have privacy or sensitivity concerns, you may create an alias/pseudonym for client, please ensure you make this evident in the information you provide.**

**Examples:** *The XXXXXX program helped many students across Newfoundland and Labrador enhance their literacy, math and social skills over the summer. One success story states "All questionnaires that we have received from the parents were positive. Everyone commented on how this program has helped their children in many aspects of learning, such as reading, writing, and comprehension."*

*One child was just recently diagnosed with "high functioning autism. The child's mother has expressed to us, numerous times, how great of a help we were to her child and how this program has benefit her child greatly. She said "This program has helped [my child] be more interested in learning at home and has helped [my child] interact with other kids."*

**5) Please provide 2 photos of the funded program or project. The photo(s) should depict the project getting started, making progress, ongoing or finalized. Include a description of what's happening in the photo. Note: If there are people present in the photo, ensure they approved to share the photo, as it could be used in United Way promotions. \*\*Where confidentiality could be an issue and you are unable to provide pictures, please give a very brief explanation upon submission.**

**(Send photos via email, along with this report, as a separate attachment, in colour and high resolution)**

---

## Report Checklist

Please ensure all boxes are ticked, information is complete, and all answers are completed.

\*If all questions do not have a response, please ensure there is a brief reason given the space provided

- Financial documentation, attached separately, (section 1, question 9)
- Photo(s), attached separately, ensure photos are high resolution (section 2, question 5)
- Report is signed (see next/last page)

United Way Newfoundland and  
Labrador 2024 Final Report

**PROVIDE TWO SIGNATURES TO COMPLETE YOUR REPORT**  
**(\*One person is required to have signing authority)**

I/we certify that, to the best of our knowledge, the information provided in this report is accurate, complete and endorsed by the organization we represent.

---

Staff Member  
(Name Printed)

---

Organization's Leader/or Board Member  
(Name Printed)

---

Signature

---

Signature

---

Date

---

Date