

QUARTERLY REPORTING FOR UWCT COMMUNITY PARTNERS

Organization:

Please indicate which report you are submitting:

- □ Q1 (January 1 March 31) Due April 15
- \Box Q2 (April 1 June 30) Due July 15
- \Box Q3 (July 1 September 30) Due October 15
- □ Q4 (October 1– December 31) FINAL REPORT Due January 15

Date Submitted:

Prepared by:

Authorized Representative Signature:

- 1. Please attach detailed information of how all current UWCT funding has been allocated within your organization.
- 2. Please attach a detailed record of how all UWCT funding has been spent to date.
- 3. Please attach a copy of your quarterly financial report (income and expenses)
- 4. Please attach Board of Directors meeting minutes, which should include: minutes, meeting location, date and members in attendance.

How many unduplicated (new) clients have you served this quarter?

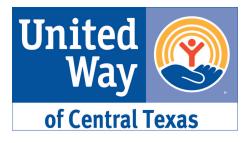
How many total clients have you served this quarter (including repeat clients)?

Did you provide your clients with **education**al services? \Box Yes \Box No

(personal development, social skills, financial literacy classes, training, workforce preparation classes, etc.) If yes, how many classes/workshops did you provide?

Did you provide your clients with **Financial Stability** services? \Box Yes \Box No

(access to affordable housing, savings programs, supportive housing, access to employment services, etc.) If yes, what services did you provide that improved your clients' financial stability (attach fliers if available)?



Did you provide your clients with **Health** services? \Box Yes \Box No

(access to health care, medical services, mental health services, supportive housing, wellness programs etc.) If yes, what services did you provide that improved your clients' health & wellness (attach fliers if available)?

Did you help your clients with their **Basic Needs**? \Box Yes \Box No

(clothing, food, rental assistance, free legal assistance, etc.)

What services did you provide to clients to stabilize their situation? What services do you provide to ensure that your clients don't rely on your agency for meeting their basic needs in the future? How do you track outcomes for your clients to see if their situation in stabilized? What documentation of this can you provide us to show how you are tracking these outcomes?

How many referrals to other agencies have you provided? _____

Please attach a list of agencies you have referred clients to and what services you wanted them to receive.

What systems do you have in place to follow up on these referrals, and the outcomes for your clients, that have been referred to an additional agency? Can you provide documentation of these outcomes?



When you can't assist someone who comes to your organization for assistance, what do you do?

Do you use and/or refer clients to the United Way of Central Texas 211 Helpline? Yes No If no, why not?

What type and amount of training do you provide for your staff and/or volunteers that work with your clients (answering phones, providing referrals, one on one services, group classes/workshops, etc.)?

Are you running a United Way of Central Texas workplace campaign? \Box Yes \Box No
Do you need assistance with your workplace campaign? \Box Yes \Box No
Do you need volunteers at your agency for a short term (1 hr -1 day) project? \Box Yes \Box No
Do you need long term volunteers? \Box Yes \Box No
Would you like your employees, stakeholders, volunteers, Board of Directors to volunteer with the United

Way of Central Texas to do community projects? \Box Yes \Box No



Can your organization document a financial benefit (to the community/the people you serve) for the services you provide? \Box Yes \Box No

(e.g. the UWCT VITA program is estimated to have saved our clients \$240,000 in tax preparation costs in 2015, while also bringing in over \$1.1 million in tax refunds for our clients)

\$ saved by UWCT funded programs/projects
\$ generated by UWCT funded programs/projects
\$ saved by all services provided by your organization
\$ _ saved by any program/project you provide

Please describe any problems you are experiencing with your UWCT funded projects/programs:

Please share a success story from this quarter (that may be used in a UWCT publication), 500 words or less: