The purpose of this annual report is to describe the results of the Philip S. Miller (PSM) grant award. Focus your answers on Douglas County residents, how the grant was beneficial to the people you serve and the outcomes you observed. Provide as much narrative as needed to demonstrate success and tell your story. The reporting period is shown below. Please review the organizational information and correct any information that may have changed.

ORGANIZATIONAL PROFILE

Reporting Period: From _________________ To _________________

Organization: __________________________________________________________

Project Name: __________________________________________________________

Grant Amount: $_________________________

Contact Name: ____________________________ Title: ____________________________

Phone: ____________________________ Email: ________________________________

Grant Purpose:

1. Describe how the grant funds were used, the progress made toward your goals and objectives and the impact on your clients (e.g. results or outcomes).

2. If you offer direct services, describe as many of the conditions for providing services as apply to your organization or program (e.g. eviction notice, shut off notice, court order, income-eligibility, minimum age, therapeutic needs).

3. Describe at least one successful client outcome.

4. Did you form any new partnerships to implement this program? If yes, please describe the partnership(s) and the impact on your efforts.

5. Leveraging funds against the PSM award is highly valued. Were you able to leverage additional funds for this program or activity, through a new grant, contribution, or other means?

5. Provide an overview of your budget below and include the actual and in-kind contributions your organization budgeted toward the program or project. An actual contribution is the dollar amount your organization budgets toward the program. In-kind contributions can include calculating volunteer hours spent implementing the program at $24 per hour, donated food used for clients in the program or staff time.
6. If there were any major variances in the anticipated income or expenditures as compared to the approved budget submitted in your application, please describe what changed.

7. How many individuals were served by your organization?
   From Douglas County _____
   Organizational total _____

9. How many individuals were served by this program or activity?
   From Douglas County _____
   Organizational total _____

10. How many Douglas County residents served by this program or activity were:
    Ongoing clients _____
    New clients _____
    Total _____

11. Define your unit of service (e.g. a one-way trip, meal, attendance at a training, case management appointment, scholarship, etc.).

12. How many units of service were provided through this grant? _____

Signature of Executive Director or Authorized Board Officer ___________________________ Date ___________________________