

PHILIP S. MILLER GRANT 2019 ANNUAL REPORT

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. The report is due January 13, 2020.

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 provided direct services with this grant award, describe your eligibility requirements for providing services (e.g. eviction notice, shut off notice, court order, income-eligibility, minimum age, therapeutic needs).
3. Describe at least one successful client story and the 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 Philip S. Miller grant funds is highly valued. Were you able to leverage additional funds for this program or activity, through a new grant, contribution, or other means?
6. 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 budgeted toward the program. Examples of 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.

Program budget	\$ _____
PSM award	\$ _____
Leveraged funds-actual match or budgeted amount	\$ _____
Leveraged funds-in-kind	\$ _____
Grants or other contributions	\$ _____
Total program expenditures	\$ _____
Remaining grant balance	\$ _____

7. 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.

8. How many individuals were served by your organization?

From Douglas County _____
Organization total _____

9. How many Douglas County residents served by this program or activity were:

Ongoing clients _____
New clients _____
Total _____

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

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

Signature of Executive Director or Authorized Board Officer

Date