

Washtenaw Coordinated Funders

Program Operations Funding: 2016-17 Year-End Reporting

Any information pre-populated below reflects the projections and measurement plans submitted by your agency as part of the contracting process. These were compiled and sent back to you in a *Scope of Services, Program Outcomes, Service Projections and Measurement Plan* document. If you need your document re-sent to you, or have questions about any of these elements, please contact Amanda Reel, areel@uwwashtenaw.org.

Only record information for your program funded by the Washtenaw Coordinated Funders that matches the program strategy(-ies) that you received funding for.

Helpful documents:

- [Grantee Information page to review Reporting FAQ's](#)
- [Program Strategies, Program Components & Program Outcomes](#) (Simplified Format)
- [Program Strategies, Program Components & Program Outcomes](#) (Full Format)

The data and information recorded in this report will be shared with the Washtenaw Coordinated Funders' funding partners and Sector Leaders.

Number Served

Program Name (Prepopulated)

SELECT PROGRAM STRATEGY (Prepopulated)

Please select one (1) or more program strategies that correspond to your selected community-level outcome.

Total number of (unduplicated) individuals served Jan 1, 2017 through Jun 30, 2017*

An individual is a single person within a household.

Total number of (unduplicated) individuals served during the FULL grant year

Enter the total number of unduplicated individuals served from July 1, 2016 to June 30, 2017.

Total Number of Female Headed Households served

If you collect this, please provide for the FULL grant year.

While this term can have different meanings, for our reporting, we mean female head of household, no spouse present, with children present.

Total Number of Veterans Served

If you collect this, please provide for the FULL grant year.

Total number of Program Outcomes you will be reporting (Prepopulated)

Program Strategy & Outcome 1 (Prepopulated)

EC Parent Engagement & Education: Parenting Skills & Child Development Knowledge (1A)
EC Access to High-quality Early Learning: High Quality Childcare & Preschool Programming (2A)
EC Strengthen Social Emotional Health: Home Visiting Programming (3A)
SAY-G Fostering Literacy, Academic Success & School Engagement: School Attendance (1A)
SAY-G Fostering Literacy, Academic Success & School Engagement: Increased Grade Level (1B)
SAY-G Fostering Literacy, Academic Success & School Engagement: Letter Grades Change (1C)
SAY-G 21st Learning Skills & Youth Leadership Development: Learning Skills Acquisition (2A)
SAY-G 21st Learning Skills & Youth Leadership Development: Agency & Opportunity (2B)
SAY-S Out of School: Home Safety (1A)
SAY-S Out of School: Social Skills & Behaviors (1B)
SAY-S Out of School: Well-Being (1C)
SAY-S Out of School: Drug & Alcohol Use (1D)
SAY-S Youth-Adult Relationships: Home Safety (2A)

SAY-S Youth-Adult Relationships: P&E Support (2B)
SAY-S Youth-Adult Relationships: Social Skills (2C)
SAY-S Youth-Adult Relationships: Well-Being (2D)
SAY-S Youth-Adult Relationships: Drug & Alcohol Use (2E)
SAY-S On Site School: Home Safety (3A)
SAY-S On Site School: School Safety (3B)
SAY-S On Site School: Social Skills (3C)
SAY-S On Site School: Well-Being (3D)
SAY-S On Site School: Drug/ETOH (3E)
SNH Benefits Advocacy & Referrals: Publicly Funded Programming (1A)
SNH Benefits Advocacy & Referrals: Medical Provision (1B)
SNH Access to Health Care (2A)
NU Hunger Relief: Fruit & Vegetable Distribution (1A)
NU Ed Enhanced Produce Distribution: Fruit & Vegetable Consumption (2A)
NU Ed Enhanced Produce Distribution: Nutritional Risk (2B)
NU Home-Bound Distribution: Nutritional Risk (3A)
HH Prevention: Housing Maintained by Assistance (1A)
HH Prevention: Stably Housed (1B)
HH Emergency, Transitional & Outreach: Housing Exits (2A)
HH Emergency, Transitional & Outreach: Income/Benefits (2B)
HH Emergency, Transitional & Outreach: Homelessness Length (2C)
HH Rapid ReHousing: Housing Exits (3A)
HH Rapid ReHousing: Income/Benefits (3B)
HH Rapid ReHousing: Stably Housed (3C)
HH PSH: Housing Exits (4A)
HH PSH: Income/Benefits (4B)
HH PSH: Stably Housed (4C)
Aging Crisis Intervention: Receiving Senior Services (1A)
Aging Crisis Intervention: Maintaining Independence (1B)
Aging Network Navigation: Receiving Senior Services (2A)
Aging Network Navigation: Maintaining Independence (2B)
Aging Social Integration: Program Participation (3A)
Aging Social Integration: Maintaining Social Integration (3B)

Year 1 Projected Annual Total Working on Outcome 1 (Prepopulated)

Estimated **NUMBER** of unduplicated participants **working on** Outcome 1 in full grant year.

Actual Annual Total Working on Outcome 1*

Actual **NUMBER** of unduplicated participants **working on** Outcome 1 during the full grant year.

Year 1 Projected Annual Total Achievement of Outcome 1 (Prepopulated)

Estimated *number and percentage* of unduplicated participants that will **achieve** Outcome 1 in full grant year.

Actual Annual Achievement of Outcome 1*

Actual **NUMBER** of unduplicated participants that have **achieved** Outcome 1 in full grant year.

Program Strategy & Outcome 2 (Prepopulated)

Year 1 Projected Annual Total Working on Outcome 2 (Prepopulated)

Estimated **NUMBER** of unduplicated participants **working on** Outcome 2 in full grant year.

Actual Annual Total Working on Outcome 2

Actual **NUMBER** of unduplicated participants **working on** Outcome 2 in full grant year.

Year 1 Projected Annual Total Achievement of Outcome 2 (Prepopulated)

Estimated *number and percentage* of unduplicated participants that will **achieve** Outcome 2 in full grant year.

Actual Annual Achievement of Outcome 2

Actual **NUMBER** of unduplicated participants that have **achieved** Outcome 2 in full grant year.

Program Strategy & Outcome 3 (Prepopulated)

Year 1 Projected Annual Total Working on Outcome 3 (Prepopulated)

Estimated **NUMBER** of unduplicated participants **working on** Outcome 3 in full grant year.

Actual Annual Total Working on Outcome 3

Actual **NUMBER** of unduplicated participants **working on** Outcome 3 in full grant year.

Year 1 Projected Annual Total Achievement of Outcome 3 (Prepopulated)

Estimated *number and percentage* of unduplicated participants that will **achieve** Outcome 3 in full grant year.

Actual Annual Total Achievement Outcome 3

Actual **NUMBER** of unduplicated participants that have **achieved** Outcome 3 in full grant year.

Program Strategy & Outcome 4 (Prepopulated)

Year 1 Projected Annual Total Working on Outcome 4 (Prepopulated)

Estimated **NUMBER** of unduplicated participants **working on** Outcome 4 in full grant year.

Actual Annual Total Working on Outcome 4

Actual **NUMBER** of unduplicated participants **working on** Outcome 4 in full grant year.

Year 1 Projected Annual Total Achievement of Outcome 4 (Prepopulated)

Estimated *number and percentage* of unduplicated participants that will **achieve** Outcome 4 in full grant year.

Actual Annual Achievement of Outcome 4

Actual **NUMBER** of participants that have **achieved** Outcome 4 in full grant year.

Program Strategy & Outcome 5 (Prepopulated)

Year 1 Projected Annual Total Working on Outcome 5 (Prepopulated)

Estimated **NUMBER** of unduplicated participants **working on** Outcome 5 in full grant year.

Actual Annual Total Working on Outcome 5

Actual **NUMBER** of unduplicated participants **working on** Outcome 5 in full grant year.

Year 1 Projected Annual Total Achievement of Outcome 5 (Prepopulated)

Estimated *number and percentage* of unduplicated participants that will **achieve** Outcome 5 in full grant year.

Actual Annual Total Achievement of Outcome 5

Actual **NUMBER** of unduplicated participants that have **achieved** Outcome 5 in full grant year.

Program Strategy & Outcome 6 (Prepopulated)

Year 1 Projected Annual Total Working on Outcome 6 (Prepopulated)

Estimated **NUMBER** of unduplicated participants **working on** Outcome 6 in full grant year.

Actual Annual Total Working on Outcome 6

Actual **NUMBER** of unduplicated participants **working on** Outcome 6 in full grant year.

Year 1 Projected Annual Total Achievement of Outcome 6 (Prepopulated)

Estimated *number and percentage* of unduplicated participants that will **achieve** Outcome 6 in full grant year.

Actual Annual Total Achievement of Outcome 6

Actual **NUMBER** of unduplicated participants that have **achieved** Outcome 6 in full grant year.

Outcome Notes

If applicable, explain the reasons behind any high (15% above the projection) or low (15% below the projection) program outcome **achievement**. For example, change in funding, change in population served, etc. Please add any additional context that will help the Coordinated Funders better understand your program's performance to date.

Most Significant Change*

Reflecting back on the last year, what was the most significant change your clients/participants experienced as a result of participating in your program?

Program Demographic Instructions

Complete the following sections regarding the composition of who your program served.

Each section should add up to the total number of unduplicated individuals served through your program for the full year grant period. (Each section has an "Unknown" field.)

Geography

Record the total **NUMBER** of unduplicated individuals served for the full grant year residing in the following zip codes or categories.

Zip 48103
Zip 48104
Zip 48105
Zip 48106
Zip 48107
Zip 48108
Zip 48109
Zip 48113
Zip 48115
Zip 48118
Zip 48130
Zip 48158
Zip 48160
Zip 48168

Zip 48170
Zip 48175
Zip 48176
Zip 48178
Zip 48189
Zip 48190
Zip 48191
Zip 48197
Zip 48198
Other Zip Codes in Wash. County
Zip Codes Outside Wash. County
Zip Code Unknown

Income

For all community outcomes **EXCEPT Housing & Homelessness**, please indicate the **NUMBER** of your program participants whose household incomes fall into the categories listed below using the 2017 Department of Health and Human Services Federal Poverty Guidelines.

Above 200% of Federal Poverty Level
Between 200% and 185% of Federal Poverty Level
Between 185% and 100% of Federal Poverty Level
100% of Federal Poverty Level or Below
Income Unknown

For all **Housing & Homelessness program ONLY**, please indicate the **NUMBER** of your program participants whose household incomes fall into the categories below using the 2016 Department of Housing and Urban Development Income categories.

0% to 30% Median Income
30% to 50% Median Income
50% to 80% Median Income
Above 80% Median Income
Income Unknown

Age

Record the total **NUMBER** of (unduplicated) individuals served in the following age categories. These data points should reflect the age of the individual at the time of program entry.

| | |
|------------------------------|------------------------------|
| Under 5 years of age | 50 to 54 years of age |
| 5 to 9 years of age | 55 to 59 years of age |
| 10 to 14 years of age | 60 to 64 years of age |
| 15 to 19 years of age | 65 to 69 years of age |
| 20 to 24 years of age | 70 to 74 years of age |
| 25 to 29 years of age | 75 to 79 years of age |
| 30 to 34 years of age | 80 to 84 years of age |
| 35 to 39 years of age | 85 to 89 years of age |
| 40 to 44 years of age | 90 years and over |
| 45 to 49 years of age | Age Unknown |

Gender

Record the total **NUMBER** of (unduplicated) individuals served who identify with the following gender categories. These data points should reflect the gender identified by the individual at the time of program entry.

Female
Male
Transgender
Gender Unknown

Race & Ethnicity

Record the total **NUMBER** of (unduplicated) individuals served who identify with the following race and ethnicity categories. Remember, race is not the same as ethnicity. For example, a white person will also either be non-Hispanic or Hispanic. The same is true for all races.

| | |
|---|--|
| White and Non-Hispanic | American Indian/Alaskan and Hispanic |
| White and Hispanic | Pacific Islander (including Native Hawaiian) and Non-Hispanic |
| Black or African-American and Non-Hispanic | Pacific Islander (including Native Hawaiian) and Hispanic |
| Black or African-American and Hispanic | Multi-Racial and Non-Hispanic |
| Asian and Non-Hispanic | Multi-Racial and Hispanic |
| Asian and Hispanic | Race/Ethnicity Unknown |
| American Indian/Alaskan and Non-Hispanic | |

Program Components

Year 1 Program Components Description (Prepopulated)

Program Implementation Challenges/Barriers

Reflecting on the best practice program components your program is using (provided in the field above) chosen from your selected Program Strategy(ies), tell us what (if any) challenges/barriers to implementing your program components you are encountering.

Additional Information

What else about your program's performance, operations, or outcomes would you like to share with the funders?

Volunteers & Interns

Number of Volunteers

Indicate the total number of (unduplicated) volunteers utilized at your agency during the full grant year.

Number of Volunteer Hours

Indicate the total number of (unduplicated) volunteer hours worked at your agency during the full grant year.

Value of Volunteer Hour

Indicate the value of one volunteer hour, as used by your agency. For example, Independent Sector is a trusted resource for an estimate of the value of one volunteer hour. Their estimate for Michigan in 2016 is \$23.67.

Number of Interns

Indicate the total number of (unduplicated) interns utilized at your agency during the full grant year.

Number of Intern Hours

Indicate the total number of (unduplicated) intern hours worked at your agency during the full grant year.

Intern Hourly Rate

If paid, indicate the hourly rate for interns at your agency.

Leveraged Funding

List any public (state or federal) or private funding that was secured during the second six months of the contract year, as a result of utilizing Coordinated Funding awards as match. When reporting the Funder Name, please do not use abbreviations.

The OCED uses these elements when reporting to the community about the impact of Washtenaw County's human services funding and the nonprofit sector. Other funders are required to report leveraged funds to other bodies.

Funder Name

Amount Received

Fiscal Year

Story

Please tell us a success story about one of your clients that benefitted from the program you provided as a result of Coordinated Funding.

Use the spaces below to share your story. (*Please note: Content need not be a polished finished product. We can handle the word-smithing. Just share the details below, if you prefer.*)

Describe Client*

Describe Crisis*

Describe Intervention*

Describe Outcome*

Anything extraordinary about this situation?

Permission to Share Story

By checking this box, I grant the Washtenaw Coordinated Funders (individually or collectively) permission to share the story provided above in online or print materials, with donors, board members, and community members.

Yes, I grant permission.