

3. List your program's targeted measurable outcomes (goals) exactly as stated in question 2 of your proposal. Then, state your measurable data toward these goals and how that data was collected. Feel free to provide extra commentary regarding the data.
4. What impact did this program have on addressing the root causes of poverty in income, health, or education in Shiawassee County? Please be specific with both measurable objectives and any personal stories of impact from persons served.
5. If you did not provide a personal story of impact from persons served in question 3, please do so now. Please do not provide any actual names of those served.
6. If you had the chance, what would you have done differently and why?
7. How has your organization publicized this program?
 - a. Have you mentioned that this program is funded, or funded in part, by the Shiawassee United Way? Yes No
 - b. Did you use the Shiawassee United Way logo on communication materials directly related to the program funded? Yes No (Attach supporting documentation.)
8. Has your agency participated in the Shiawassee Non-Profit Capacity building program over the funding cycle? If so, what was attended, who has attended on your organization's behalf, and what is their title?
9. Does a representative of your agency attend the monthly Shiawassee Health and Human Services Council meetings? If so, how many were attended in 2009, and who is your representative?
10. Is your agency willing to assist during the United Way campaign? (This will be reviewed in future funding decision-making.) Yes No

Who would be the contact person?

Phone:

e-mail address: