# United Way of Oxford-Lafayette County FY 2024-2025 Mid-Year Report

# Reporting Period: July 1, 2024 – December 31, 2024

Agencies receiving FY 2024-2025 funding from United Way of Oxford-Lafayette County (UWOLC) must submit this mid-year report via email to kurt@unitedwayoxfordms.org by 5:00 p.m. on January 31, 2025. Please be as detailed and honest as possible as your responses could influence future UWOLC award decisions. Contact our office if you have any questions or would like additional information.

|  |  |
| --- | --- |
| **Agency Name (Primary Fiscal Agent)** | **Agency Address** |
|  |  |
| **Primary Contact Name** | **Primary Contact Title/Role** |
|  |  |
| **Primary Contact Phone** | **Primary Contact Email Address** |
|  |  |
| **Program Name** |
|  |

|  |  |  |
| --- | --- | --- |
| **Program Activities Since July 1, 2024**Note: If your program provides several different services, please complete a row for each service.  | **Total People Served (Unduplicated)** | **Total Services Provided (If Relevant)**(Number of Hours Tutored, Meals Served, Utility Bills Paid, Books Delivered, Etc.) |
|  |  |

|  |
| --- |
| **Total People Served (Unduplicated) by Race/Ethnicity: Must Match Total Listed Above (Please Estimate if Necessary)** |
| White Alone, Not Hispanic or Latino | Black/African American Alone or in Combination, Not Hispanic or Latino | Any Other Race Alone or in Combination, Not Hispanic or Latino | Any Race, Hispanic or Latino |
|  |  |  |  |

|  |
| --- |
| **Brief Description of Funding Impact** |
| **Are you making progress toward addressing the community need that you identified in your application? How do you know?** **(Maximum of 300 Words)**  |
| **What challenges are you facing in addressing the community need you identified in your application? How are you adjusting your program to make it more effective? Please be honest! We want to know so we can better support your work and understand how you use data and reflection to improve your work and impact. (Maximum of 300 Words)**  |

Please report on your original Outcome Measurement Plan using the template below. Note only the first two columns (Outcome and Indicator) should be copied from your proposal. The second two columns (Result and Follow-Up) should reflect the work of your program since July 1, 2024. If you do not yet have results for one or more indicators, note that in the Result column. However, if at all possible, include interim results demonstrating progress to date and explain when full results will be available.

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome: What benefit do you want your participants to receive from the program?**  | **Indicator: What information will you use to know if they are benefiting?** | **Result: What did you find out about your impact?** | **Follow-Up: Given your result, what will you do differently, improve on, etc.?** |
| *Pregnant women are knowledgeable about prenatal nutrition and health guidelines* | *Number and percent of participants who can identify food items that are good sources of prenatal nutrition* | *As of 12/31/24, four of seven women (57%) could identify food items that are good sources of prenatal nutrition. Ten more should complete the program by 6/30/25.* | *Women who came to all of the classes did very well, but those who missed classes did not. We need to increase attendance, possibly through incentives.* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please report on your spending to date, using the template below. In the Dollars Awarded column, please only include the Total.

|  |  |  |  |
| --- | --- | --- | --- |
| **Itemized Budget Request** (Copy from application, but add any new line items on which you are spending UWOLC funds) | **Dollars Requested**(Copy from application) | **Dollars Awarded** | **Dollars Spent to Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

|  |
| --- |
| **If there are any differences between your original budget request and how you are spending the funding, please explain here.** (Of course, if the only difference is your program did not receive the total dollars requested from UWOLC and you are therefore spending less UWOLC money on specific line items than originally anticipated, then there is no need to explain that discrepancy.) |

|  |
| --- |
| **Please provide details regarding any noteworthy stories during the implementation period that best illustrate the positive and significant impact of the program in the Lafayette-Oxford-University community. Please feel free to use pseudonyms rather than actual names as UWOLC will use the information to demonstrate the meaningful difference your program makes.**  |

**Agency Assurances**

|  |
| --- |
| The primary fiscal agent assures it will: |
| * Provide a complete and final accounting of all UWOLC funds received and spent at the end of the funding period.
* Apply all UWOLC funds received and spent to Lafayette County, Mississippi.
* Agree to promptly return any unexpended or improperly expended UWOLC funds at the end of the funding period or as requested by UWOLC.
* Submit a year-end report to UWOLC that includes beneficiary and outcome measurement results based on local data as well as a description of how those results are being used.
* Notify UWOLC immediately of any material change in the program plan described in the application.
* Promote an inclusive environment that denounces racial and ethnic discrimination in all forms.
* Include the phrase “funded in part by United Way of Oxford-Lafayette County” and/or the UWOLC logo in all publications, press releases, flyers, signs, presentations, etc. associated with a funded program as well as in other appropriate cases.
* Assist with UWOLC’s annual campaign, including providing support, volunteers, etc. for its public relations and marketing efforts as well as participating in its campaign kick-off luncheon and other special events.
* Not directly solicit local employee groups for payroll deductions at any time or encourage designated contributions to UWOLC.
* Operate in compliance with all applicable statutes, licensing, and government code requirements.
 |

**Primary Fiscal Agent Signature**

A handwritten, typed, or electronic signature provided by an authorized representative (e.g., officer) of the agency attests that the information submitted in conjunction with this report is accurate and certifies the agency’s agreement to all of the aforementioned assurances. The submission of a typed or electronic signature below verifies the agency’s agreement that a typed or electronic signature is the same as a handwritten signature for the purposes of validity, enforceability, and admissibility.

|  |  |  |
| --- | --- | --- |
| Authorized Representative Name & Title | Authorized Representative Signature | Date |
|  |  |  |