

United Way of DeKalb County

COVID – 19 Grant Report

Organization Information

Org. Name:

Org. Mailing Address:

Org. Phone:

Org. Website:

Reporter Name:

Reporter Title:

Reporter Email:

Executive Director/CEO:

Program Information

Amount Granted:

What were the results of your efforts?

How many total clients were served?

How did this program impact your clients?

Have all grant dollars been expended and were funds used as planned?

Supporting Documents

Please provide any additional attachments you may have

- Photos
- Personal Stories/Testaments
- Other Tracking Records/Statistics

Any additional comments:

Applicant Signature:

Date:

By signing above, you certify that you have authorization to sign on behalf of the organization applying and certify all information is factual to the best of your knowledge.