

United Way of DeKalb County

ALICE Impact Funding Grant Report

Organization Information

Org. Name:

Org. Mailing Address:

Org. Phone:

Org. Website:

Reporter Name:

Reporter Title:

Reporter Email:

Executive Director/CEO:

Org. EIN:

Org. Mission Statement:

Program Information

Program Name:

Date Granted:

Amount Granted:

What were the results of the program?

How many total clients were served?

How many clients served are DeKalb County residents?

How did this program impact your clients?

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

Required Supporting Documents

The following items must be provided as additional attachments to complete this report:

- Photos
- Personal Stories/Testaments
- Final Program Data (flyers/promotional)

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.