

# 2019-2020 Mid-Year Performance Report Cover Page

Consideration for Year 3  
(July 1, 2020 to June 30, 2021)

Heart of Illinois  
United Way



## Cover Page for Mid-Year Performance Report

Agency Name:							
Street Address:							
City:		State:		Zip:		Phone:	
CEO/Executive Director:				Email:			
Grant Contact:				Email:			

### PROGRAM INFORMATION

Program Name:	
Year 2 Award Amount:	

### PROGRAM COORDINATOR

Name and Title:	
Email:	

### SIGNATURES FOR APPROVAL OF REPORT

*(Please Print, Sign and Date)*

\_\_\_\_\_  
Board Chair/President *(print name)*

\_\_\_\_\_  
Board Chair/President Signature\*

\_\_\_\_\_  
Date

*\*Your signature confirms that you understand this report will be submitted through the HOIUW Electronic Grant & Reporting system, and further that you have reviewed, discussed and approved the content of this report.*

\_\_\_\_\_  
CEO/Executive Director *(print name)*

\_\_\_\_\_  
CEO/Executive Director Signature\*

\_\_\_\_\_  
Date

*\*Your signature confirms that you understand this report will be submitted through the HOIUW Electronic Grant & Reporting system, and further that you have reviewed, discussed and approved the content of this report.*

**PLEASE SUBMIT ONE COVER PAGE PER PROGRAM AS A SEPARATE PDF FILE**