

2018-2019 Mid-Year Performance Report Cover Page

Consideration for Year 2
(July 1, 2019 to June 30, 2020)

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 1 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