1. **Agency’s Legal Name:**
2. **Program Name**
3. **Contact Name**
4. **Contact Phone Number**
5. **What Were The Grant Funds Used For?**
6. **Tell a Story of How The Grant Funding Impacted A Client That You Serve.**
7. **Did You Receive Any Matching Funds For This Program? If Yes, How Much?**
8. **Have There Been Any Changes To Your Program In The Last Year? Please Explain.**
9. **Have There Been Any Staff Changes To Your Program In The Last Year? Please Explain.**
10. **Total Number of Clients/Families Your Program Served In The Last Year.**
11. **Total Number of Individuals Your Program Served In The Last Year.**
12. **Total Units of Service Your Program Provided.**
13. **Did Your Program Collaborate With Other Groups Or Agencies? Did The Collaborations Develop From The Grant You Received? Please Explain.**
14. **Counties Your Program Serves. Click All That Apply.**
15. **Number of Individuals Served In Faulkner County.**
16. **Number of Individuals Served In Conway County.**
17. **Number of Individuals Served In Perry County.**
18. **Number of Individuals Served In Van Buren County.**
19. **Of All The Individuals Your Program Served, What Percentage Were Ages 0-17?**
20. **Of All The Individuals Your Program Served, What Percentage Were Ages 18-59?**
21. **Of All The Individuals Your Program Served, What Percentage Were Ages 60 and Over?**
22. **Of All The Individuals Your Program Served, What Percentage Were Caucasian?**
23. **Of All The Individuals Your Program Served, What Percentage Were African American?**
24. **Of All The Individuals Your Program Served, What Percentage Were Hispanic/Latin X?**
25. **Of All The Individuals Your Program Served, What Percentage Were Other Races (Not Caucasian, African American or Hispanic/Latin X)?**
26. **What Were The Program Goals Listed On Your Original Grant Application?**
27. **Did you Achieve Your Program Goals? Why or Why Not?**
28. **How Did You Measure Achievements Of Program Goals?**