



Cape and Islands United Way

2016 Site Review Questionnaire

(Information to be completed by Program)

Date:

Name of Organization:

Name of Program:

Program Focus Area: Health Education Financial Stability Housing

Name and Position of Staff Member Completing this form:

Phone Number:

Program/Project Outcomes (as listed in the grant application).

- 1).
- 2).
- 3).

Describe specific steps accomplished toward achieving these outcomes.

Describe the methods used for measuring results.

Identify any concerns/challenges/barriers that may impact the program.

Share one testimony or anecdote that reflects the program's intended outcomes.

List any upcoming events (i.e. volunteer opportunities, photo opportunities, holiday "drives").

Describe how you have recognized UW as a funder: Website Press Release Signage

Program Materials Other _____

Please attach a copy of your most recent year-to-date financial report.

Email this form to Beth Bowman -- bbowman@uwcapecod.org.

Information to be completed by the Reviewer

Reviewer Name: _____

Program Strengths:

Program Needs:

Concerns:

Opportunities:

Please attach a copy of your most recent year-to-date financial report.
Email this form to Beth Bowman -- bbowman@uwcapecod.org.

Comments:

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Email this form to Beth Bowman -- bbowman@uwcapecod.org.