



UCP Use Only: UCP #:	_____
Name:	_____
Date:	_____
Other:	Annual Report to UCP - _____

2012 Annual Report to UCP

Program Name: _____ Account #: _____

This form should be used to notify UCP of your program's activity for the year in review. Please complete each area and be as detailed as possible. Additional sheets can be attached if necessary. Annual Reports are due to UCP by **May 1, 2013**. UCP uses our programs' Annual Reports for activity verification, federal and state filings and other important processes. If an Annual Report is not received by UCP by **May 1, 2013**, the program will be **inactivated and closed**.

I. Progress and Results

1. Describe the progress made in 2012 toward the goals and objectives of your program.

2. Detail your program's activities, services, fundraisers and events (i.e. who you have helped and what help was provided, what events or fundraisers has your program held and please include the dates of each event). Have you applied for any grants? If so, please include a copy of each proposal.

II. Successes and Challenges

1. Describe the significant successes and challenges your program experienced this past year.

2. Provide numbers (or estimates) for:

_____ - Number of Volunteers

_____ - Participants in program's activities

_____ - Number of Events

_____ - Number of Fundraisers

_____ - People who have used program services

_____ - People the program has impacted

_____ - Attendees of program events

III. Future Plans

1. Address any changes to program activities that will be made based upon the past year's challenges, successes and results.

2. Describe any future planned events, services, activities, fundraisers, etc.

IV. Additional Information

1. Share anything else that happened during the past year that impacted the program, either positively or negatively. (Optional)

2. Please provide copies any created promotional materials or supplemental information. Indicate below your program's:

Website: _____ Twitter: _____ FaceBook: _____ Other: _____

Program Manager Name: _____

Address: _____

Email: _____ Phone Number: _____

Program Manager Signature: _____ **Date:** _____

**Please note that UCP reserves the right to include these items in our Form 990 and other promotional materials as we see fit.

UCP Staff Use Only: Approved: _____ Entry Date: _____
