

**United Way of Okaloosa and Walton Counties Attachment "A" (Documentation of Local Presence)** (Page 1 of 2)

Organization Name: \_\_\_\_\_

EIN: \_\_\_\_\_

**THE FOLLOWING INFORMATION IS A DETAILED LIST OF REAL PROGRAM SERVICES, DESCRIPTION OF THE SERVICES, AND THEIR BENEFITS PROVIDED BY THIS ORGANIZATION BETWEEN JAN 1, 2016 THROUGH DEC 31, 2016.**

Provide a brief narrative of how your program and services affect the human health, welfare, or education of your clients:

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**Please provide the following information for each program service listed above:**

Name of program service offered: \_\_\_\_\_

Description of Service:

Description of Human Health, Welfare, and Education Impact:

Who are the clients for this program? \_\_\_\_\_

How many clients received this service? \_\_\_\_\_

Client Benefits:

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Name of program service offered: \_\_\_\_\_

Description of Service:

Description of Human Health, Welfare, and Education Impact:

Who are the clients for this program? \_\_\_\_\_

How many clients received this service? \_\_\_\_\_

Client Benefits:

This format is ONLY a recommendation; however, it will ensure the appropriate information is being provided. This form can be modified as needed, but we recommend staying as close as possible to this structure.

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Organization Name: \_\_\_\_\_

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Name of program service offered: \_\_\_\_\_

Description of Service:

Description of Human Health, Welfare, and Education Impact:

Who are the clients for this program? \_\_\_\_\_

How many clients received this service? \_\_\_\_\_

Client Benefits:

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Name of program service offered: \_\_\_\_\_

Description of Service:

Description of Human Health, Welfare, and Education Impact:

Who are the clients for this program? \_\_\_\_\_

How many clients received this service? \_\_\_\_\_

Client Benefits: