2021 CFC – Attachment A

[Organization Name]

**Services Provided in 2020**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Location** | **Description of Service**  **(256-character limit)** | **# of people or animals served or monetary value of service** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Human Health and Welfare in 2020**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Location** | **Description of Service**  **(256 character limit)** | **# of people served** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Service Description Guidelines:**

|  |  |
| --- | --- |
| **HOW** | Describe how the services were provided or conducted. |
| **WHO** | Specify the recipient(s) of the services, benefits, assistance or program activity. Indicate type of individuals, target population or organizations that received the services or benefits. |
| **WHAT** | Describe the services, benefits, assistance or program activity provided or conducted with detail and specificity. Include the quantity, value, scope and impact of the services or benefits. |
| **WHERE** | Indicate the city and state where services or benefits were provided. For scholarships and grants, the location of the service or benefit is the beneficiary's residence. For memorials, museums, and public recreation facilities, the location of the service or benefit is the location of the facility or its programs or activities. |
| **WHEN** | Provide the dates on which the services or benefits were provided or conducted within the calendar year immediately preceding the application year. Events that continue or recur should include year and frequency with which they were provided or conducted (e.g. Service X monthly from June 2017 - December 2017 and bimonthly from May 2019 to December 2019). |