2023 CFC – Areas of Service

[Charity Name]
[Public Phone Number]
[Primary Service Address]

**Services Provided in 2022**

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

**Human Health and Welfare Services in 2022**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 2021 - December 2021 and bimonthly from May 2021 to December 2021). |