



# MGM MIRAGE VOICE FOUNDATION™

## 2009-2010 End of Year Impact & Financial Report Due to MGM MIRAGE Voice Foundation by August 13, 2010

Agency Name:  
Program Name:  
Mailing Address:

Contact Person:  
Telephone:  
E-Mail:

### **Demographic Information**

Please provide the following demographic information for the people served by your program/agency funded by an MGM MIRAGE Voice Foundation grant. If program specific data is not available, please provide demographic information for clients served by your agency. Please use only whole numbers when reporting demographic information.

#### **Ethnicity:**

- % Asian / Pacific Islander
- % Black / African American
- % Latino / Hispanic
- % Native American
- % White / Caucasian
- % Multi-ethnic, please specify:
- % Unknown

#### **Gender:**

- % Female
- % Male
- % Unknown

#### **Sexual Orientation:**

- % Lesbian / Gay / Bisexual / Transgender
- % Heterosexual
- % Unknown

#### **Disability:**

- % Persons with Disabilities

### **Program Service Information**

Please provide information pertaining to this grant period only.

Please define the client/unit served by your agency using Voice grant funding (one family, one meal, one youth, one book, etc.)

What is the unduplicated number of clients your agency served during this grant period?

What was the per-person or unit cost for the project/program you implemented during this grant period?

### Grant Financial Information

2009-10 Voice Grant amount     \$

Please list the amount of grant funds that were utilized to support your program/project in the following categories:

- \$     Salaries
- \$     Benefits
- \$     Program Materials/ Supplies
- \$     Transportation
- \$     Office supplies
- \$     Rent /Utilities
- \$     Direct Client Support
- \$     Other (please define)

### Measuring Success

State the purpose, goals and objectives of your project/program (as stated in your grant proposal to the Voice Foundation) and indicate how they are being fulfilled. Note objectives that have not been addressed to date and the reasons why.

Describe how you measured the success of the project/program. If possible, explain in outcome-based terms. (For example, what has changed as a result of the work done through this grant for the population you are serving and/or for the community?)

Is there anything about your project/program that you would like to change or adjust for the remainder of the grant period?

Thank you for building a stronger community!

Please contact Lindsay Beirne at (702) 650-7469  
if you have concerns or questions about how to complete the report.

Return all reports by **August 13, 2010** to:

voicereports@mghmirage.com

OR

MGM MIRAGE Voice Foundation

3260 Industrial Road

Las Vegas, Nevada 89109