**SECTION 7**

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| Agency Name: |
| Program Name: |
| Program Contact Person: |
| Contact Telephone: |
| Contact E-mail: |

**Program Success Story - \*Selected stories may be highlighted in UWOSC materials\***

Reflecting on clients served within the program over the past 12 months, please share a program success story.

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**Program Statistical Data** - **\*Selected statistical data sound-bites may be highlighted in UWOSC materials\***

Reflecting on clients served within the program over the past 12 months, please share current facts indicating the difference your program makes in the lives of those served and in the community. Include outputs or units of service as well as outcomes (the benefits of having participated in the program for clients and/or the community).

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