



MGM RESORTS FOUNDATION

2014-2015 End of Year Impact & Financial Report **Report is Due to The MGM Resorts Foundation by July 17, 2015**

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 through The MGM Resorts Foundation grant. If the 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
- 100 % Total **Note: Total must equal 100%**

Gender:

- % Female
- % Male
- % Unknown
- 100 % Total **Note: Total must equal 100%**

Sexual Orientation:

- % Lesbian / Gay / Bisexual / Transgender
- % Heterosexual
- % Unknown
- 100 % Total **Note: Total must equal 100%**

Disability:

- % Persons with Disabilities

Veterans:

- % Veterans

Program Service Information

Please provide information pertaining to this grant period only.

Define the client/unit served by your agency using 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

2014-2015 MGM Resorts Foundation 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 MGM Resorts 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 note: The submission of this report is mandatory.

Please contact Shelley Gitomer, Vice President of Corporate Philanthropy & Community Engagement, if you have concerns or questions about how to complete the report.

Return all reports by **July 17, 2015** to:
foundation@mgmresorts.com
OR
MGM Resorts Foundation
840 Grier Drive
Las Vegas, Nevada 89119