UNITED WAY OF MARSHALL COUNTY

Total Units of Service

And unduplicated Number of Clients to date

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Units Being measured: \_\_\_\_\_\_\_\_\_\_\_\_

Quarter: \_\_ \_\_\_\_\_\_\_ Year: \_ \_\_\_\_\_\_\_\_\_

# units quarter 3

# units quarter 4

# units quarter 1

# units quarter 2

Submitted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# clients

# clients

# clients

# clients

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | Approved | Quarter | Year to Date |
| **Public Support & Revenue-All Sources** | Budget | Actual | Actual |
| 1. Allocation from United Way of Marshall Co. |  |  |  |
| 2. Contributions |  |  |  |
| 3. Special Events |  |  |  |
| 4. Legacies & Bequests (unrestricted) |  |  |  |
| 5. Contributed by Associated Organizations |  |  |  |
| 6. Allocated by Other United Ways |  |  |  |
| 7. Fees & Grants from Government Agencies |  |  |  |
| 8. Membership Dues |  |  |  |
| 9. Program Services Fees & Net Incidental Revenue | |  |  |
| 10. Sales of Materials |  |  |  |
| 11. Investment Income |  |  |  |
| 12. Misc. Revenue (please describe) |  |  |  |
| **A. TOTAL SUPPORT & REVENUE** |  |  |  |
| **Expenses** |  |  |  |
| 13. Salaries – Grant Reporting |  |  |  |
| 14. Employee Benefits |  |  |  |
| 15. Payroll Taxes, etc. |  |  |  |
| 16. Professional Fees |  |  |  |
| 17. Supplies – for training, tax sites and electronic filing |  |  |  |
| 18. Telephone |  |  |  |
| 19. Postage & Shipping |  |  |  |
| 20. Occupancy |  |  |  |
| 21. Rental & Maintenance of Equipment |  |  |  |
| 22. Printing & Publications |  |  |  |
| 23. Travel |  |  |  |
| 24. Conferences, Conventions & Meetings |  |  |  |
| 25. Specific Monetary Assistance to Individuals |  |  |  |
| 26. Membership Dues |  |  |  |
| 27. Awards & Grants |  |  |  |
| 28. Special Event Expenses |  |  |  |
| 29. Other Expenses: Insurance /Volunteer Travel-Meals |  |  |  |
| 30. Payments to Affiliated Organizations |  |  |  |
| 31. Depreciation of Buildings & Equipment  32. Miscellaneous |  |  |  |
| **B.**  **TOTAL EXPENSES** |  |  |  |