

QUARTERLY PARTNER AGENCY REPORT

Agency Name	Date		
Report prepared by		Phone	
QUARTER THIS REPORT	Г COVERS:		
 1st QUARTER (Mar 1 – May 31) DUE 6/30 	2 nd QUARTER (Jun 1 – Aug 31) DUE 9/30	☐ 3 rd QUARTER (Sep 1 – Nov 30) DUE 12/31	4 th QUARTER (Dec 1 – Feb 28/29) DUE 3/31
Quarterly Allocation (fr	om previous quarter)\$	_	

- 1) Please give a detailed description and breakdown of how the quarterly allocation was used for the program and services rendered. (include an itemized budget list).
- 2) How many people has your organization helped with United Way Funds this quarter?
- 3) Success Story for local PR (we will be using this information for our newsletter & Facebook page)
- 4) Have there been any changes in your organization this quarter?(i.e. new program, deletion of program, staff changes, funding issues, etc.)
- 5) Please provide examples of how your organization has promoted HCUW this quarter.