

PROGRAM AND STATISTICAL REPORT

Please fill out and fax, mail or push submit at the bottom of this form.

Report Quarter:

Contact Person:

Title:

Agency Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Website:

1. Brief Description of Services Funded by UBF:

2. Describe Unit Service for Program Funded by UBF:

PROGRAM AND STATISTICAL REPORT

Program or Service	Projected Number Served	Actual Number Served	Units of Service

A Unit of Service is the measurement an agency uses to identify service(s) provided to one client.

Signature of Client	Date
---------------------	------

PROGRAM NARRATIVE REPORT

Please fill out and fax, mail or push submit at the bottom of this form.

Report Quarter:

Contact Person:

Title:

Agency Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Website:

Use this space to clarify the statistics and/or report any other occurrences in your program

Signature of Applicant

Date

FINANCIAL REPORT

Please fill out and fax, mail or push submit at the bottom of this form.

Report Quarter:

From:

To:

Agency Name:

Title:

UBF Grant Receipts/Expenses	UBF Grant Receipts/ Expenses 1st Quarter	UBF Grant Receipts/ Expenses 2nd Quarter	UBF Grant Receipts/ Expenses 3rd Quarter	UBF Grant Receipts/ Expenses 4th Quarter
1. UBF Grant Allocation				
2. Balance From Previous Quarter				
3. Available Working Capital				
4. Add Lines 1-3				
SALARY COST				
5. Salaries & Wages				
6. Payroll Taxes (FICA & WKCOMP)				
7. Health & Life Insurance				
8. Consultants & Stipends				
OTHER COSTS				
9. Rent or Lease				
10. Utilities				
11. Telephone				
12. Equipment				
13. Repairs				
14. Insurance (Liability etc.)				
15. Contractual Services				
16. Office Supplies & Equipment				
17. Postage				
18. Travel-Out of Town				
19. Travel- & Entertainment				
20. Conference Fees & Meeting Cost				
21. Promotion / Advertising				
22. Food & Program(s) Expenses				
23. Bank & Services Charges				
24. Other _____				
25. Total Related Disbursements				
(Add Lines 5-24)				
CASH AT END OF QUARTER (Subtract Line 25 from line 4)				
Signature of Client	Title:		Date	
Fiscal Agent:				