



what matters™

UNITED WAY OF ST. LUCIE COUNTY
AGENCY QUARTERLY REPORT

United Way Fiscal Year July 1, 2007 – June 30, 2008

Please submit no later than the 25th of the month
following the end of each quarter.

(October 25, January 25, April 25, and July 25 – Circle submission date.)

Attach copy of agency budget. It should include any revisions made since app. submission to UW.

AGENCY: _____

PREPARER'S NAME & TEL#: _____

TOTAL AGENCY BUDGET: \$ _____ **REVISION? * Y N** Date Revised _____

Agency FISCAL YEAR DATE: _____

This report is for: 1st Qtr July-Sept _____ 2nd Qtr Oct.-Dec. _____ 3rd Qtr. Jan.-Mar. _____ 4th Qtr.
Apr.-June _____

Agency total INCOME:

Budgeted Year-to-date _____ Actual YTD _____ Variance _____

Explain variance: (If variance is 5% or less, no explanation necessary.)

Agency total EXPENSES:

Budgeted Year-to-date _____ Actual YTD _____ Variance _____

Explain variance: (If variance is 5% or less, no explanation necessary.)

UNDUPLICATED PROGRAM CLIENTS YTD:

	Program 1	Program 2	Program 3
Fort Pierce			
Pt. St. Lucie			
TOTAL			

PROGRAM ONE

(Use for United Way funded programs only. If you agency only has 1 program, do not complete this portion)

AGENCY NAME: _____

1. PROGRAM NAME: _____

ANNUAL BUDGET _____

PROGRAM INCOME:

Budgeted YTD _____ Actual YTD _____ Variance _____

Explain Variance: (If variance is 5% or less, no explanation necessary)

PROGRAM EXPENSES:

Budgeted YTD _____ Actual YTD _____ Variance _____

Explain Variance: (If variance is 5% or less, no explanation necessary.)

* Revised from original budget submitted to United Way



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UNITED WAY OF ST. LUCIE COUNTY, INC.
4800 S. US 1, FORT PIERCE, FL. 34982
Tel. (772) 464-5300

PROGRAM TWO

(Use for United Way funded programs only. If you agency only has 1 program, do not complete this portion)

AGENCY NAME: _____

2. PROGRAM NAME: _____

ANNUAL BUDGET _____

PROGRAM INCOME:

Budgeted YTD _____ Actual YTD _____ Variance _____

Explain Variance: (If variance is 5% or less, no explanation necessary)

PROGRAM EXPENSES:

Budgeted YTD _____ Actual YTD _____ Variance _____

Explain Variance: (If variance is 5% or less, no explanation necessary.)

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PROGRAM THREE

(Use for United Way funded programs only. If you agency only has 1 program, do not complete this portion)

AGENCY NAME: _____

3. PROGRAM NAME: _____

ANNUAL BUDGET _____

PROGRAM INCOME:

Budgeted YTD _____ Actual YTD _____ Variance _____

Explain Variance: (If variance is 5% or less, no explanation necessary)

PROGRAM EXPENSES:

Budgeted YTD _____ Actual YTD _____ Variance _____

Explain Variance: (If variance is 5% or less, no explanation necessary.)

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