# 2024-25 PARTNER PROGRAM SEMI-ANNUAL REPORT

**All partner programs will report semi-annually.**

**Reports are due on October 10, 2024 & April 10, 2025**

**\*ALLOCATION CHECKS WILL NOT BE DISTRIBUTED UNTIL REPORT HAS BEEN SUBMITTED.**

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note that progress reports should be comprised of the following information:**

October 10, 2024 – reports on services provided the 1st half of the funding cycle (Apr 1, 2024 – Sept 30, 2024)

April 10, 2025 – reports on services provided the 2nd half of the funding cycle (Oct 1, 2024 – Mar 31, 2025)

1. **United Way Funding Priority Area and Outcome your program meets (as indicated on your application):**

**EDUCATION** – Cradle to Career Support for Academic Success

**Priority Outcomes:**

* Improve school readiness and provide parental support
* Improve school performance & support career preparedness
* Increase access to mentors and tutors

**FINANCIAL STABILITY** – Financial Education, Stability, and Independence for Individuals & Families

**Priority Outcomes:**

* Increase food and basic needs security
* Reduce homelessness and improve access to affordable and transitional housing
* Provide education in financial literacy

**HEALTH** – Promote Safe and Healthy Communities

**Priority Outcomes:**

* Improve health & well-being of senior citizens and disabled community members
* Improve access to physical and mental health and wellness services
* Provide a safe place and assist with a path forward for victims of abuse and/or sexual assault

1. List the progress toward outcomes achieved from this program accordingly. **Reports without measurable outcomes will be considered incomplete.**

**Output #1**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Target | April – September 2024 | October 2024 – March 2025 | Year-End Total |
| Number |  |  |  |  |

Measurement tool/method:

**Output #2**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Target | April – September 2024 | October 2024 – March 2025 | Year-End Total |
| Number |  |  |  |  |

Measurement tool/method:

*Additional outputs (optional):*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Target | April – September 2024 | October 2024 – March 2025 | Year-End Total |
| Number |  |  |  |  |

Measurement tool/method:

**Indicator #1**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Target | April – September 2024 | October 2024 – March 2025 | Year-End Total |
| # of client served |  |  |  |  |
| # of clients measured/tracked |  |  |  |  |
| # of clients achieving |  |  |  |  |
| % of clients achieving |  |  |  |  |

Measurement tool/method:

**Indicator #2:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Target | April – September 2024 | October 2024 – March 2025 | Year-End Total |
| # of client served |  |  |  |  |
| # of clients measured/tracked |  |  |  |  |
| # of clients achieving |  |  |  |  |
| % of clients achieving |  |  |  |  |

Measurement tool/method:

*Additional Indicators (optional):*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Target | April – September 2024 | October 2024 – March 2025 | Year-End Total |
| # of client served |  |  |  |  |
| # of clients measured/tracked |  |  |  |  |
| # of clients achieving |  |  |  |  |
| % of clients achieving |  |  |  |  |

Measurement tool/method:

1. Based on your original grant application, were these the outcomes you expected? Why or why not?

Please do not list activities.

1. How were funds received from United Way this half of the funding year utilized? How much United Way funding has been spent?
2. Please provide a *CURRENT* success story **from the past 6 months. This may be used publicly in newsletters, annual report, etc.**
3. **Number Served. Please fill in the chart on the next page.** Instructions: Please indicate the number of ***unduplicated individuals*** you served (by community) monthly. Remember, individuals served more than once in a calendar are only to be counted once. The purpose of this report is to get an understanding of how many unique individuals were assisted by the service(s) you provided in a given year. **Please fill out the Total column as you report each quarter.** Thank you!

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | October 10, 2024  Report | | | | | | April 10, 2025  Report | | | | | |  |
|  | Apr-24 | May-24 | June-24 | July-24 | Aug-24 | Sept-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | TOTAL |
| **Arpin** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Auburndale** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Chili** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Granton** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Greenwood** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Loyal** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Marshfield** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Neillsville** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Pittsville** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Spencer** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Stratford** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Other (MAUW area only)** |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. Please provide the breakdown of ***total unduplicated*** served by race in the table below. This total number should match the total numbers in the table above.

|  |  |  |
| --- | --- | --- |
|  | **Report Due Oct 10, 2024**  April 2024 – September 2024 | **Report Due Apr 10, 2025**  October 2024 –March 2025 |
| **White** |  |  |
| **Black or African American** |  |  |
| **American Indian or Alaska Native** |  |  |
| **Asian or Pacific Islander** |  |  |
| **Hispanic or Latino** |  |  |
| **Two or more** |  |  |
| **Other** |  |  |
| **Did not disclose** |  |  |
| **TOTAL** |  |  |

1. **Volunteer Hours Submitting for United Way Approval**

As part of your requirement as a funded partner, your organization is responsible for providing a predetermined number of volunteer hours to United Way during the funding period; April 1, 2024 through March 31, 2025. Please reference the chart on the partnership agreement for volunteer hours requirement for your program.

Please list below the volunteer activities you are submitting for approval. **United Way will only reach out to you if the activity is not a qualifying event.**

Name of Volunteer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation to Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Hours\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Volunteer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation to Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Hours\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Volunteer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation to Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Hours\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send this form via email to Ashley at [ashley@marshfieldareaunitedway.org](file:///C:\Users\awinch\Downloads\ashley@marshfieldareaunitedway.org). Thank you!