2026-27 PARTNER PROGRAM SEMI-ANNUAL REPORT

Marshfield Area UNITED WAY

All partner programs will report semi-annually.
Reports are due on October 10, 2026 & April 10, 2027
***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, 2026 – reports on services provided the 1st half of the funding cycle (Apr 1, 2026 – Sept 30, 2026)
April 10, 2027 – reports on services provided the 2nd half of the funding cycle (Oct 1, 2026 – Mar 31, 2027)

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

   ☐ Youth Opportunity
   ☐ Financial Security
   ☐ Healthy Community

2. Please use the worksheets included at the end of this report to share your progress on the reach and outcomes your program made in the months you are reporting on. **Reports without measurable outcomes will be considered incomplete.**

3. Based on your original grant application, were these the outcomes you expected? Why or why not? Please do not list activities.

4. How were funds received from United Way this half of the funding year utilized? How much United Way funding has been spent?

5. Please provide a *CURRENT* success story **from the past 6 months. This may be used publicly in newsletters, annual report, etc.**

6. **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, 2026 Report						April 10, 2027 Report						
	Apr-26	May-26	June-26	July-26	Aug-26	Sept-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	TOTAL
Arpin													
Auburndale													
Chili													
Granton													
Greenwood													
Loyal													
Marshfield													
Neillsville													
Pittsville													
Spencer													
Stratford													
Other (MAUW area only)													

7. 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, 2026 April 2026 – September 2026	**Report Due Apr 10, 2027** October 2026 –March 2027
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		

8. **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, 2026 through March 31, 2027. 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. Thank you!

Please report on the reach and outcomes you selected as part of the grant funding application process.			
IMPACT AREA: YOUTH OPPORTUNITY			
	Reach (select minimum of two)	**Total Number Served**	
☐	Total number of children (0-5) enrolled in high-quality early childhood programs supported by United Way		
☐	Total number of children served receiving literacy supports in K-3		
☐	Total number of families and/or caregivers served that were provided with information, resources, tools, trainings, and/or teaching skills to support their child's development		
☐	Total # of elementary/middle/high school youth served who participated in school and/or community-based out-of-school time programs and/or received individualized supports		
☐	Total number of youth received life/job skills trainings/workshops		
☐	Total number of youth matched with mentor		
☐	Total number of hours children received mentorship		
	Outcomes (select minimum of two)	**Number Served Achieving Outcome**	**Total Number Served**
☐	Number of children (0-5) who achieved developmental milestones		
☐	Number of children who are proficient on school readiness assessment by the end of their kindergarten year		
☐	Number of children (K-3) served reading at grade level		
☐	Number of children served who maintain satisfactory or improve school attendance		
☐	Number of youth served who graduated on time		
☐	Number of youth served who gained post-secondary employment, further education, or credentials		
☐	Number of youth (ages 15-24) served who gain employment		
☐	Number of middle school/high school youth served who earned passing grades in core subject areas		
☐	Number of youth who developed soft skills		
☐	Number of middle school youth served who transitioned from middle to high school on time		
☐	Number of youth avoided/reduced risk-taking behaviors		

Please report on the reach and outcomes you selected as part of the grant funding application process.			
IMPACT AREA: FINANCIAL SECURITY			
	Reach: (select minimum of two)	**Total Number Served**	
☐	Total number of individuals who received job skills training		
☐	Total number of individuals who received services related to housing		
☐	Total number of individuals who accessed financial services, products, and education (e.g., free tax prep, savings accounts, public benefits)		
☐	Total number of case management hours		
☐	Total number of individuals accessing affordable, quality child care		
	Outcomes: (select minimum of two)	**Number Served Achieving Outcome**	**Total Number Served**
☐	Number of individuals provided employment services who gained employment		
☐	Number of individuals served who increased their wages		
☐	Number of individuals served who increased their disposable income by accessing benefits and/or reducing their costs/expenses		
☐	Number of individuals that earned job-relevant licenses, certificates, and/or credentials		
☐	Number of individuals served who obtained affordable, stable housing (rental), or home ownership		
☐	Number of clients who maintained safe and permanent housing for at least three months after placement		
☐	U.S. ONLY - Total dollar amount of returns returned to individuals/families through VITA and/or MyFreeTaxes		
☐	Number of families/parents are employed or attend school had access to high quality child care for their children		
☐	Number of families/parents that managed child care costs and were able to build financial security		

Please report on the reach and outcomes you selected as part of the grant funding application process.			
IMPACT AREA: HEALTHY COMMUNITY			
	Reach: (select minimum of two)	**Total Number Served**	
☐	Total number of individuals participating in physical activity and/or healthy food access/nutrition programs supported by United Way		
☐	Total number of senior and disabled community members improving their health & well-being		
☐	Total number of individuals served with access to mental health services		
☐	Total number of community members (not clients) provided with education about healthy relationships, relationship violence, and sexual assault and consent		
☐	Total number of clients and nights of safe shelter provided		
☐	Total number of meals provided		
	Outcomes: (select minimum of two)	**Number Served Achieving Outcome**	**Total Number Served**
☐	Number of children/adults served who eat healthier, increase their physical activity, and move towards a healthy weight		
☐	Number of individuals who report food assistance has helped them avoid having to choose between food and other basic necessities (e.g., housing, utilities, transportation, health care)		
☐	Number of youth/adults who report increased access to healthy/nutritious foods		
☐	Number of youth/adults served who avoided or reduced risk-taking behaviors		
☐	Number of clients receiving advocacy support through legal processes who received a favorable result		
☐	Number of clients/individuals who gained knowledge about safe and healthy relationships, including consent		
☐	Number of senior or disabled community members receiving in-home support services reported they improved their ability to remain in their home		
☐	Number of youth experiencing fewer troublesome mental, emotional and/or behavioral symptoms		
☐	Number of youth/adults who indicated an improvement in quality of life		
☐	Number of youth who made progress toward individual treatment goals		
☐	Number of adults who feel more socially connected		