



United Black Fund of Greater Cleveland, Inc. Program and Statistical Quarterly Report

Report Quarter: _____

Organization Name: _____

Address: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____

Contact Person: _____ **Title:** _____

1: Give Brief description of services funded by UBF:

2: Describe a unit service for programs(s) funded by UBF:

Service Statistical Report

Program or Service	Actual NO. Served	Projected NO. Served	Units of Service

* A unit of Service is the element of measurement an agency users to identify service provided to one client.

Program Narrative Report

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

(Use additional pages if necessary)

Name of person preparing this report

Date report submitted to UBF

Authorized Signature
