



MARSHALL UNITED WAY  
PO Box 190, Marshall, MI 49068

United Way of Marshall

## ALLOCATION REPORT FORM

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Allocation Date: \_\_\_\_\_ Allocation Amount: \_\_\_\_\_

### ALLOCATION OUTCOME

1. How were the allocation funds provided by the Marshall United Way spent? (Please include specific expenses).

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2. Which Marshall Community members were served with this allocation?  
Include specific dates, who from your agency was in charge, location, contact at that location. **(More: who, what, why, when, how, when applicable)**

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3. How did this allocation benefit Marshall Community members?

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Please return this form within the year after receipt of the funds or upon completion of the project, whichever comes first. Please have your CFO or Board Treasurer Sign below verifying that the allocation from the Marshall United Way was spent in accordance with the conditions of the allocation as outlined in your application.

\_\_\_\_\_  
Signature of CFO or Treasurer

Date: \_\_\_\_\_