

# United Way of Beaverhead County Final Progress Report 2024



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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Allocation award amount: \$ \_\_\_\_\_

Are there funds remaining? Yes: No: Amount remaining: \$ \_\_\_\_\_

Total number of community members impacted by this project: \_\_\_\_\_

Briefly describe the work completed during this project period and the impact it has had on the population you serve. If you need additional space, please attach a separate page. We also encourage you to share any other documents or pictures.

If your project is not complete, please explain.

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_