# **United Way NSV – Final Report**

#### 3. Beneficiary Testimonial

Include at least one story, quote, or testimonial from someone directly impacted by your program.

### 4. Financial Summary

Key outcomes achieved:

Category	Awarded	Spent to Date	Remaining Balance
Personnel	\$	\$	\$
Program Expenses	\$	\$	\$
Other (list)	\$	\$	\$
Totals	\$	\$	\$

Confirmation: At least 90% of funds have been spent or allocated as of this report.

■ Yes ■ No

#### 5. Supporting Documentation

Attach all relevant receipts, invoices, or order confirmations related to expenditures.

### 6. Expense Spreadsheet (Detailed)

Please attach a separate Excel file with the following columns:

	Purchased Items	Date	Cost	Notes	
- 1					

Example: Food vouchers	05/15/26	\$1,250	Distributed to 25 households
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# Submitted By:

Name:	 	
Title:		_
Signature:		
Date:		