



# FINAL FINANCIAL STATUS REPORT FOR INDIVIDUALS

(See Instructions on Reverse)

This form is an abbreviated version of the standard financial status report prescribed by the Office of Management and Budget (Standard Form 269 or 269A) and may, at your discretion, be used instead of the OMB forms. Questions concerning this form or its completion may be mailed to the NEH Office of Grant Management at the address indicated below or e-mailed to **GrantManagement@neh.gov**. You may also call (202) 606-8494 for assistance.

Within 90 days after the ending date of the grant, the original and 2 copies of this report should be forwarded to the

**OFFICE OF GRANT MANAGEMENT**  
**Room 311**  
National Endowment for the Humanities  
1100 Pennsylvania Avenue, N.W.  
Washington, D.C. 20506

<b>GRANTEE:</b> (Name and complete address, including zip code)	<b>NEH GRANT ID NUMBER:</b> _____
	<b>GRANT PERIOD/PERIOD COVERED BY REPORT :</b> (This report should be cumulative for the entire grant period)
	<b>FROM</b> _____ <b>THRU</b> _____ (month/year) (month/year)

## STATUS OF FUNDS

1. **TOTAL PROJECT EXPENDITURES** \$ \_\_\_\_\_
2. **LESS COST SHARING OR NONFEDERAL SHARE OF OUTLAYS** \$ \_\_\_\_\_  
Include expenditures covered by cash and noncash (in-kind) contributions from you and/or third parties and any gifts certified to obtain NEH matching funds.
3. **TOTAL EXPENDITURES CHARGED TO NEH** \$ \_\_\_\_\_  
(item 1 minus item 2)
4. **TOTAL AMOUNT OF NEH AWARD** \$ \_\_\_\_\_
5. **AMOUNT OF NEH AWARD UNEXPENDED** \$ \_\_\_\_\_  
(item 4 minus item 3)

***Any unexpended grant payments must be returned to NEH. A refund check referencing the NEH grant ID number and made payable to "National Endowment for the Humanities" should be attached to this form.***

I certify that to the best of my knowledge this report is correct and complete, that there are no outstanding unpaid commitments of federal funds, and that all expenditures are for the purposes set forth in the grant award.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME AND TITLE \_\_\_\_\_

TELEPHONE (include area code) \_\_\_\_\_ E-MAIL \_\_\_\_\_

NEH estimates the average time to complete this form is two hours per response. This estimate includes the time for reviewing the instructions for this form, gathering the necessary data and entering the data on the form. Please send any comments regarding this estimated completion time or any other aspect of the form, including suggestions for reducing completion time to the Director, Office of Publications, National Endowment for the Humanities, Washington, D.C. 20506 and to the Office of Management and Budget, Paperwork Reduction Project (3136-0134), Washington, D.C. 20503. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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## INSTRUCTIONS

This report must be submitted to NEH within ninety days after the end of the grant period.

### Line by Line Instructions

**"Grantee"** - In this block, list your name and current address.

**"NEH Grant ID Number"** and **"Grant Period"** - This information can be found on the most recent "Official Notice of Action" form that you have received.

### **"Status of Funds":**

Line 1 - "Total Project Expenditures" - Enter your total actual expenditures on the project during the grant period.

Line 2 - "Less Cost Sharing" - Include expenditures covered by cash and noncash (in-kind) contributions from you and/or third parties and any gifts certified to obtain NEH matching funds.

Line 3 - "Total Expenditures Charged to NEH" - Subtract line 2 from line 1.

Line 4 - "Total Amount of NEH award" - List the total amount of funding that the NEH has awarded to you. This can be found on the most recent "Official Notice of Action" form that you have received.

The amount of the award will be different from the amount received from NEH if you have not requested the full amount of your grant in your payment requests.

Line 5 - "Amount of NEH Award Unexpended" - Subtract line 4 from line 3.

### Submission of Final Financial Status Report for Individuals

To determine the amount, if any, to be refunded to NEH, subtract the amount on line 3 from the amount of payments you have received from NEH.

Please sign and date the form at the bottom, and provide a daytime telephone number and/or an e-mail address where you can be reached if a question arises.

Send the original and two copies of the form, along with any refund check, to the NEH Office of Grant Management, Room 311, 1100 Pennsylvania Avenue, N.W., Washington, D.C. 20506. The report may also be transmitted via fax to (202) 606-8633. Further information can be obtained by mail from that office, by sending an e-mail to **GrantManagement@neh.gov**, or by calling the office at (202) 606-8494.

### Interest Earned on Grant Funds

Any interest in excess of \$250 a year that was earned on advanced grant payments should be remitted to the Department of Health and Human Services. Grantees should make payment by check and mail it to the HHS Payment Management System, P.O. Box 6021, Rockville, Maryland 20852.