



FINAL FINANCIAL STATUS REPORT

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 should be sent to the NEH Office of Grant Management at the address below, or you may call (202) 606-8494.

Within 90 days after the completion date of the grant, the original and two 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

GRANTEE ORGANIZATION (Name and complete address, including zip code)	NEH GRANT ID NUMBER _____ (Format as XX - # # # # # - # #) GRANT PERIOD/PERIOD COVERED BY REPORT (this report should be cumulative for the entire grant period) FROM _____ THRU _____ (month/year) (month/year)
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STATUS OF FUNDS

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

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

INDIRECT COST INFORMATION

The amount charged for indirect costs should be included in the total expenditure amounts above. Please itemize the charges for indirect costs in the space below. Use an additional sheet of paper if necessary.

PERIOD RATE IN EFFECT (from/to)	RATE(%)	BASE(\$)	TOTAL AMOUNT(\$)	FEDERAL SHARE (\$)
TOTALS			\$ _____	\$ _____

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 award documents.

SIGNATURE _____ DATE _____

PRINTED NAME & TITLE _____

TELEPHONE _____ E-MAIL: _____
(include area code)

NEH estimates that it takes an average of two hours to review the instructions for this form, gather the necessary data, and enter 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.