Kentucky Humanities FINAL FINANCIAL REPORT

Grant #

Sponsoring Organization:

Address:

Project Bookkeeper's Telephone Number:

Grant Period:

How much cash have you received so far from the KHC? §

Does this report accompany your cash request form for the final payment? _____ Yes _____ No

	GRANT	EXPENDITURES	MATCHING	CONTRIBUTION
	Budgeted	Actual Total	Budgeted	Actual
	Grant Funds	Grant Funds	Match	Total Match
	Approved	Spent		Contributed
	By KHC			
1) Salaries/Honoraria*				
2) Travel/Per Diem				
3) Supplies/Postage/Telephone				
4) Printing/Duplicating				
5) Other*				
TOTAL				

*Note categories which must be itemized on the next page of this report.

We certify that this information included on this form is true and correct, and that all expenditures were incurred solely for the purposes of the above numbered grant, during the grant period, and in accordance with the agreed conditions of the award.

Project Director:

(typed name)

(signature)

Date:____

Project Bookkeeper: _____

(typed name)

(signature)

Date: _____

1) List the name of each person who was paid a salary or honorarium from KHC grant funds and the amount paid:

Name

\$ Amount Paid

2) List the name of each person who contributed time to this project and an in-kind value for the number of hours contributed. (Attach photocopies of the individual in-kin contribution records supplied to you by the project director.)

Name	# of hours	\$per hour	total \$
	contributed	value	contributed

3) Itemize all grant expenses listed under "Other" on the first page. (You are not required to itemize matching expenditures listed under "other.")

Expense Description

<u>\$ Amount</u>