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| --- | --- | --- |
|  |  | **Final grant report budgets require exact figures** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **WH** | **SPONSOR** |
| **Description** | **Grant Funds** | **Cost Share** |
| **1.  Personnel** |  |  | I |
| A.  Project Director |  |  |  |
| B.  Fiscal Agent |  |  |  |
| C.  Clerical |  |  |  |
| D.  Humanities Scholars |  |  |  |
|  |  |  |  |
|  |  |  |  |
| E.  Other Key Participants |  |  |  |
|  |  |  |  |
| **2.  Support Services** |  |  |  |
| A.  Travel/Per-diem |  |  |  |
|  |  |  |  |
| B.  Telephone/Postage |  |  |  |
| C.  Supplies/Printing |  |  |  |
|  |  |  |  |
|  |  |  |  |
| D.  Promotion/Publicity |  |  |  |
|  |  |  |  |
| E.  Materials |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| F.  Rental Space/Equipment |  |  |  |
|  |  |  |  |
|  |  |  |  |
| G.  Other |  |  |  |
| **Totals** |  |  |  |

*I certify that the information contained in this grid and within the online report is true and correct and that all expenditures were incurred solely for the purpose of this project.*

Fiscal Agent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_