INSTRUCTION RELATING TO SPECIFIC ITEMS

I. Name and address should be same as on application unless address change. If address change, indicate in remarks section new address.

II. Grant number is the identification number of the grant and is generally included in the first paragraph of the grant award letter.

III. Type of Report. All reports are interim until all project activity is finished and all costs have been incurred and paid.

Cash Request. All payments will be made pursuant to the following criteria:

IV. A. Grants less than $100,000
1. Advances may not exceed the sum required for NEA’s share of the estimated necessary and allowable costs of the project for any 90-day period.
2. Reimbursements may not exceed NEA’s share of actual necessary and allowable costs incurred on this project from starting date of this project (as set out in grant letter) to the preparation date of the report. All such costs must be reported in Fiscal Report.
3. Combination of a reimbursement and advance can be requested providing it satisfies all criteria.

B. Grants of $100,000 up
As above except advances are limited to estimated necessary and allowable costs for any 30-day period.

V. Fiscal Report. All fiscal activity under this grant must be reported every 90 days (Except in the event an initial request for reimbursement of costs incurred, such a request requires a report on the fiscal activity during the period of time from the beginning of the grant period to the preparation of the report). It is recommended that on grants of less than $100,000 the timing of the report on fiscal activity be incorporated into the cash request. On grants of $100,000 up it is recommended that every third report (assuming a cash request submission every 30 days) include information on fiscal activity. In the event of no project and/or fiscal activity, no report is required. Expenditures on the project may not precede the start date as set out on the approved project budget or occur subsequent to the end date. Dates may be changed only on written submission to NEA. All amounts shown must be supported by accounting records maintained at the grantee location.

VI. Remarks. Include any remarks needed to clarify the approved project budget or fiscal activity as reported on fiscal report.

VII. Narrative Progress Report. Progress reports on this project should generally be timed to coincide with report on fiscal activity – i.e., every 90 days except on initial report requesting reimbursement. Information given should substantiate the expenses reported. Such information should include, where appropriate, number of performances, exhibitions given, works of art purchased, items fabricated, etcetera. In general, the progress report should provide sufficient detail to enable a specialist to judge merit and significance of work completed during the period. The progress report section may not be used for final descriptive reporting purposes.

Authorizing Official should be the same as on the application. In the event the authorizing official has changed, a copy of letter delegating such authority should accompany report.

Project Director should be the same as on the application. In the event of change, use same procedure as above.

PLEASE DETACH THE INSTRUCTION SHEET BEFORE SUBMITTING THIS FORM
### IV. CASH REQUEST

**A. FUNDS REQUESTED ARE TO COVER THE PERIOD STARTING**

<table>
<thead>
<tr>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
</table>

**ENDING**

<table>
<thead>
<tr>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
</table>

**B. CASH REQUESTED FOR NEA SHARE OF COSTS $**

*PLEASE ALLOW AT LEAST 20 WORKING DAYS FROM THE MAILING DATE OF THIS REQUEST BEFORE EXPECTING RECEIPT OF PAYMENT.*

### V. FISCAL REPORT

**A. CONTRIBUTIONS, GRANTS, AND REVENUES**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Contributions</td>
<td></td>
</tr>
<tr>
<td>2. Grants (Not NEA)</td>
<td></td>
</tr>
<tr>
<td>3. NEA Grant</td>
<td></td>
</tr>
<tr>
<td>4. Revenues</td>
<td></td>
</tr>
<tr>
<td>5. Total</td>
<td>$</td>
</tr>
</tbody>
</table>

**B. EXPENSES**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Salaries &amp; Wages</td>
<td></td>
</tr>
<tr>
<td>2. Fringe Benefits</td>
<td></td>
</tr>
<tr>
<td>3. Supplies &amp; Materials</td>
<td></td>
</tr>
<tr>
<td>4. Travel</td>
<td></td>
</tr>
<tr>
<td>5. Special</td>
<td></td>
</tr>
<tr>
<td>6. Other</td>
<td></td>
</tr>
<tr>
<td>7. Indirect</td>
<td></td>
</tr>
<tr>
<td>8. Total</td>
<td>$</td>
</tr>
</tbody>
</table>

### VI. REMARKS

### VII. NARRATIVE PROGRESS REPORT (COMPLETE IN SPACE PROVIDED. DO NOT CONTINUE ON ADDITIONAL PAGES.)

---

**AGREEMENT AND CERTIFICATION:** I/WE CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT, AND THAT ALL EXPENDITURES WERE AND/OR SHALL BE INCURRED SOLELY FOR THE PURPOSES OF THE ABOVE-NUMBERED GRANT.

**AUTHORIZING OFFICIAL:**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date Signed</th>
<th>Telephone: AC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PROJECT DIRECTOR:**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date Signed</th>
<th>Telephone: AC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GRANTEES – DO NOT WRITE BELOW THIS LINE**

<table>
<thead>
<tr>
<th>Date</th>
<th>Program Director Signature</th>
<th>App.</th>
<th>Rej.</th>
<th>Obl.</th>
<th>Pay.</th>
<th>Final</th>
<th>Deobl.</th>
<th>Amount Obligated</th>
<th>Cumulative Amount Paid Before This Action</th>
<th>Amount Paid This Action</th>
<th>Cumulative Amount Paid After This Action</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

GRANTS OFFICE COPY
I. NAME AND ADDRESS

CASH REQUEST AND FISCAL REPORT
NATIONAL ENDOWMENT FOR THE ARTS
WASHINGTON, D.C. 20506

II. GRANT NO.

III. TYPE OF REPORT  □ INTERIM  □ FINAL

IV. CASH REQUEST
A. FUNDS REQUESTED ARE TO COVER THE PERIOD STARTING __________ ENDING __________
   MONTH  DAY  YEAR  MONTH  DAY  YEAR

B. CASH REQUESTED FOR NEA SHARE OF COSTS $ __________
   PLEASE ALLOW AT LEAST 20 WORKING DAYS FROM THE MAILING DATE OF THIS REQUEST BEFORE EXPECTING RECEIPT OF PAYMENT.

V. FISCAL REPORT
   A. CONTRIBUTIONS, GRANTS, AND REVENUES
      1. CONTRIBUTIONS $ __________
      2. GRANTS (NOT NEA) __________
      3. NEA GRANT __________
      4. REVENUES __________
      5. TOTAL $ __________

   B. EXPENSES
      1. SALARIES & WAGES $ __________
      2. FRINGE BENEFITS __________
      3. SUPPLIES & MATERIALS __________
      4. TRAVEL __________
      5. SPECIAL __________
      6. OTHER __________
      7. INDIRECT __________
      8. TOTAL $ __________

VI. REMARKS

VII. NARRATIVE PROGRESS REPORT (COMPLETE IN SPACE PROVIDED. DO NOT CONTINUE ON ADDITIONAL PAGES.)

AGREEMENT AND CERTIFICATION: I/WE CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT, AND THAT ALL EXPENDITURES WERE AND/OR SHALL BE INCURRED SOLELY FOR THE PURPOSES OF THE ABOVE-NUMBERED GRANT.

AUTHORIZING OFFICIAL:
SIGNATURE __________________________ DATE SIGNED ____________ ________
       MONTH  DAY  YEAR
TELEPHONE: AC __________________________

PROJECT DIRECTOR:
SIGNATURE __________________________ DATE SIGNED ____________ ________
       MONTH  DAY  YEAR
TELEPHONE: AC __________________________

GRANTEES – DO NOT WRITE BELOW THIS LINE

<table>
<thead>
<tr>
<th>Date</th>
<th>PROGRAM DIRECTOR SIGNATURE</th>
<th>APP.</th>
<th>OBL.</th>
<th>PAY.</th>
<th>FINAL</th>
<th>DEOBL.</th>
<th>AMOUNT OBLIGATED</th>
<th>CUMULATIVE AMOUNT PAID BEFORE THIS ACTION</th>
<th>AMOUNT PAID THIS ACTION</th>
<th>CUMULATIVE AMOUNT PAID AFTER THIS ACTION</th>
<th>DATE</th>
</tr>
</thead>
</table>

$ __________  $ __________  $ __________  $ __________  $ __________

PROGRAM COPY
I. NAME AND ADDRESS

CASH REQUEST AND FISCAL REPORT
NATIONAL ENDOWMENT FOR THE ARTS
WASHINGTON, D. C. 20506

II. GRANT NO.

III. TYPE OF REPORT  

IV. CASH REQUEST
   A. FUNDS REQUESTED ARE TO COVER THE PERIOD STARTING  
      MONTH  DAY  YEAR  ENDING  MONTH  DAY  YEAR
   B. CASH REQUESTED FOR NEA SHARE OF COSTS $  
      PLEASE ALLOW AT LEAST 20 WORKING DAYS FROM THE MAILING DATE OF THIS REQUEST BEFORE EXPECTING RECEIPT OF PAYMENT.

V. FISCAL REPORT

<table>
<thead>
<tr>
<th>A. CONTRIBUTIONS, GRANTS, AND REVENUES</th>
<th>B. EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CONTRIBUTIONS</td>
<td>1. SALARIES &amp; WAGES $</td>
</tr>
<tr>
<td></td>
<td>2. FRINGE BENEFITS</td>
</tr>
<tr>
<td>2. GRANTS (NOT NEA)</td>
<td>3. SUPPLIES &amp; MATERIALS</td>
</tr>
<tr>
<td>3. NEA GRANT</td>
<td>4. TRAVEL</td>
</tr>
<tr>
<td>4. REVENUES</td>
<td>5. SPECIAL</td>
</tr>
<tr>
<td>5. TOTAL</td>
<td>6. OTHER</td>
</tr>
</tbody>
</table>

VI. REMARKS

VII. NARRATIVE PROGRESS REPORT (COMPLETE IN SPACE PROVIDED. DO NOT CONTINUE ON ADDITIONAL PAGES.)

AGREEMENT AND CERTIFICATION: I/WE CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT, AND THAT ALL EXPENDITURES WERE AND/OR SHALL BE INCURRED SOLELY FOR THE PURPOSES OF THE ABOVE-NUMBERED GRANT.

AUTHORIZING OFFICIAL:

SIGNATURE ___________________________ DATE SIGNED ____________

PROJECT DIRECTOR:

SIGNATURE ___________________________ DATE SIGNED ____________

GRANTEES – DO NOT WRITE BELOW THIS LINE

<table>
<thead>
<tr>
<th>Date</th>
<th>PROGRAM DIRECTOR SIGNATURE</th>
<th>APP.</th>
<th>REJ.</th>
<th>OBL.</th>
<th>PAY.</th>
<th>FINAL</th>
<th>DEOBL.</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AMOUNT OBLIGATED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ACCOUNTING OFFICE COPY
### I. NAME AND ADDRESS

CASH REQUEST AND FISCAL REPORT  
NATIONAL ENDOWMENT FOR THE ARTS  
WASHINGTON, D. C. 20506

### II. GRANT NO.

### III. TYPE OF REPORT

- INTERIM
- FINAL

### IV. CASH REQUEST

A. FUNDS REQUESTED ARE TO COVER THE PERIOD STARTING 

<table>
<thead>
<tr>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
</table>

ENDING

<table>
<thead>
<tr>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
</table>

B. CASH REQUESTED FOR NEA SHARE OF COSTS $

PLEASE ALLOW AT LEAST 20 WORKING DAYS FROM THE MAILING DATE OF THIS REQUEST BEFORE EXPECTING RECEIPT OF PAYMENT

### V. FISCAL REPORT

#### A. CONTRIBUTIONS, GRANTS, AND REVENUES

1. CONTRIBUTIONS $

2. GRANTS (NOT NEA) $

3. NEA GRANT $

4. REVENUES $

5. TOTAL $

#### B. EXPENSES

1. SALARIES & WAGES $

2. FRINGE BENEFITS $

3. SUPPLIES & MATERIALS $

4. TRAVEL $

5. SPECIAL $

6. OTHER $

7. INDIRECT $

8. TOTAL $

### VI. REMARKS

### VII. NARRATIVE PROGRESS REPORT (COMPLETE IN SPACE PROVIDED. DO NOT CONTINUE ON ADDITIONAL PAGES.)

### AGREEMENT AND CERTIFICATION

WE CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT, AND THAT ALL EXPENDITURES WERE AND/OR SHALL BE INCURRED SOLELY FOR THE PURPOSES OF THE ABOVE-NUMBERED GRANT.

ORTHORIZING OFFICIAL:

SIGNATURE __________________________ DATE SIGNED _______ TELEPHONE: AC _____________

<table>
<thead>
<tr>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
</table>

PROJECT DIRECTOR:

SIGNATURE __________________________ DATE SIGNED _______ TELEPHONE: AC _____________

<table>
<thead>
<tr>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
</table>

**GRANTEES – DO NOT WRITE BELOW THIS LINE**

<table>
<thead>
<tr>
<th>Date</th>
<th>PROGRAM DIRECTOR SIGNATURE</th>
<th>OBLIGATED</th>
<th>AMOUNT</th>
<th>AMOUNT PAID</th>
<th>CUMULATIVE AMOUNT PAID</th>
<th>DEBIT</th>
<th>CUMULATIVE AMOUNT PAID</th>
<th>-paid</th>
<th>BEFORE THIS ACTION</th>
<th>AMOUNT PAID</th>
<th>AFTER THIS ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**GRANTEE COPY**