

NEA 7 (REV. 7/71)

OMB 120-0024

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 <input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL	

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



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



IMPORTANT

A. CONTRIBUTIONS, GRANTS, AND REVENUES

B. FRINGE BENEFITS

1. CONTRIBUTION

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

C. SUPPLIES & MATERIALS

D. TRAVEL

This form must be used to (1) request cash, (2) report on fiscal activity, and (3) report on progress.

One set of the completed form should be mailed to the NATIONAL ENDOWMENT FOR THE ARTS, GRANTS OFFICE, WASHINGTON, D. C. 20506 *GRANTEE COPY OF COMPLETED SET SHOULD BE RETAINED BY APPLICANT.*

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

GRANTEES - DO NOT WRITE BELOW THIS LINE

Date _____		PROGRAM DIRECTOR SIGNATURE _____		APR. REL. OBL. PAY. FINAL DEOBL.		\$ _____	
AMOUNT REQUESTED	CUMULATIVE AMOUNT PAID BEFORE THIS ACTION	AMOUNT PAID THIS ACTION	CUMULATIVE AMOUNT PAID AFTER THIS ACTION	DATE _____			
\$ _____	\$ _____	\$ _____	\$ _____				

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 <input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL

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 START _____ END _____ MO DAY YR MO DAY YR 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

Date _____	PROGRAM DIRECTOR SIGNATURE _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
AMOUNT OBLIGATED	CUMULATIVE AMOUNT PAID BEFORE THIS ACTION	AMOUNT PAID THIS ACTION	CUMULATIVE AMOUNT PAID AFTER THIS ACTION	DATE				
\$ _____	\$ _____	\$ _____	\$ _____	_____				

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 <input type="checkbox"/> INTERIM <input type="checkbox"/> 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 \$ _____ <i>PLEASE ALLOW AT LEAST 20 WORKING DAYS FROM THE MAILING DATE OF THIS REQUEST BEFORE EXPECTING RECEIPT OF PAYMENT.</i>	
V. FISCAL REPORT START _____ END _____ MO DAY YR MO DAY YR 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	
<div style="display: flex; justify-content: space-between;"> <div> Date _____ AMOUNT OBLIGATED \$ _____ </div> <div> PROGRAM DIRECTOR SIGNATURE _____ CUMULATIVE AMOUNT PAID BEFORE THIS ACTION \$ _____ </div> <div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> APP. <input type="checkbox"/> REJ. <input type="checkbox"/> OBL. <input type="checkbox"/> PAY. <input type="checkbox"/> FINAL <input type="checkbox"/> DEOBL. </div> AMOUNT PAID THIS ACTION \$ _____ </div> <div> CUMULATIVE AMOUNT PAID AFTER THIS ACTION \$ _____ DATE _____ </div> </div>	

PROGRAM COPY

OMB 128-R00

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

START _____ END _____
MO DAY YR MO DAY YR

B. EXPENSES

A. CONTRIBUTIONS, GRANTS, AND REVENUES

1. CONTRIBUTIONS \$ _____

2. GRANTS (NOT NEA) _____

3. NEA GRANT _____

4. REVENUES _____

5. TOTAL \$ _____

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

Date _____

PROGRAM DIRECTOR SIGNATURE _____

☐ APP. ☐ REJ. ☐ OBL. ☐ PAY. ☐ FINAL ☐ DEOBL.

\$ _____

AMOUNT
OBLIGATED

CUMULATIVE AMOUNT PAID
BEFORE THIS ACTION

AMOUNT PAID
THIS ACTION

CUMULATIVE AMOUNT PAID
AFTER THIS ACTION

DATE

\$ _____ \$ _____ \$ _____ \$ _____

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 <input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL	
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 \$ _____ <i>PLEASE ALLOW AT LEAST 20 WORKING DAYS FROM THE MAILING DATE OF THIS REQUEST BEFORE EXPECTING RECEIPT OF PAYMENT.</i>			
V. FISCAL REPORT		B. EXPENSES	
START _____ MO ____ DAY ____ YR END _____ MO ____ DAY ____ YR			
A. CONTRIBUTIONS, GRANTS, AND REVENUES		1. SALARIES & WAGES \$ _____	
1. CONTRIBUTIONS \$ _____		2. FRINGE BENEFITS _____	
2. GRANTS (NOT NEA) _____		3. SUPPLIES & MATERIALS _____	
3. NEA GRANT _____		4. TRAVEL _____	
4. REVENUES _____		5. SPECIAL _____	
5. TOTAL \$ _____		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			
Date _____	PROGRAM DIRECTOR SIGNATURE _____	<input type="checkbox"/> APP.	<input type="checkbox"/> REJ.
		<input type="checkbox"/> OBL.	<input type="checkbox"/> PAY.
		<input type="checkbox"/> FINAL	<input type="checkbox"/> DEOBL.
AMOUNT OBLIGATED \$ _____	CUMULATIVE AMOUNT PAID BEFORE THIS ACTION \$ _____	AMOUNT PAID THIS ACTION \$ _____	CUMULATIVE AMOUNT PAID AFTER THIS ACTION \$ _____
		DATE _____	

GRANTEE COPY