Standard Form 425

## **FEDERAL FINANCIAL REPORT**

Read and follow the instructions for completing the form. Email to <a href="mailto:finalreports@arts.gov">finalreports@arts.gov</a>

Federal Agency and Organizational Element to Which     Report is Submitted				Federal Grant or other Identifying Number Assigned by Federal Agency				D 1 -f 1	
National End		t for the Ar	ts (NEA)					Page 1 of 1	
3. Recipient Organi	zation (Name	and complete ac	ldress including Zip	code)					
4a. DUNS Number		4b. EIN or TIN (tax identification number)		5. Recipient Account Identifying Numbe	. Recipient Account Number or 6 dentifying Number		7. Basis of Accounting Cash Accrual		
8. Project/Grant Period From (mm/dd/yyyy):			To (mm/dd/yyyy):			9. Reporting Period End Date			
10. Transactions	i	d 1. for a in all a namet and				Cumulative	Cumulative		
10. Federal Expe									
d. Total Federal funds authorized						d.			
e. Federal share of expenditures						e.	e.		
f. Federal share of unliquidated obligations						f.			
g. Total Federal share (sum of lines e and f)						g.			
h. Unobligated balance of Federal funds (line d minus g)						h.			
10. Recipient Share:									
i. Total recipient share required j. Recipient share of expenditures (Non-NEA share of actual, allowable expend					i. [Not applicable]  j.				
k. Remaining recipient share to be provided					k.				
Lines 10I - 10o (Program Income) not applicable.									
11. Indirect	а. Туре	b. Rate	c. Period From	Period To	d. Base	e. Amount Charg	ed f. Fe	deral Share	
Expense									
				g. Totals:					
						agency in compliance of the state of the sta	_		
expenditures, disbuthat any false, fictit	irsements and ious, or fraudi	I cash receipts are ulent information	e for the purposes a n, or the omission o	and objectives set for f any material fact, m	th in the terms a nay subject me to	and conditions of the Formula criminal, civil or adm 3729-3730 and 3801-3	ederal awar inistrative p	rd. I am aware	
a. Typed or Printed Name and Title of Authorized Certifying Official:					c. Telephone (Area code, number and extension):				
					d. E-mail add	d. E-mail address:			
b. Signature of Authorized Certifying Official:						e. Date Report Submitted (mm/dd/yyyy)			
FOR AGENCY USE ONLY									
GRANTS & CONTRACTS REVIEWER:					G & C APPRO	OVAL:			