Standard Form 425

OMB Approval Number: 4040-0014
Expiration Date: 1/31/19

FEDERAL FINANCIAL REPORT

E-Mail to <u>finalreports@arts.gov</u> (Follow form instructions)

Federal Agency and Organizational Element to Which Report is Submitted			Federal Grant or Federal Agency	nt or other Identifying Number Assigned by					
National Endowment for the Arts (NEA)							Page 1 of 1		
3. Recipient Organi	zation (Name a	and complete ac	ldress including Zip	code)					
4a. DUNS Number	4b. EIN or TIN (tax identification		on number)	5. Recipient Accoun Identifying Number		i. Report Type Interim Final	7. Basis of Accountin Cash Accrual	g	
8. Project/Grant Period From (mm/dd/yyyy):		To (mm/dd/yyyy):		\	9. Reporting Period End Date				
10. Transactions							Cumulative		
Lines 10a - 10c not appli									
Total Federal funds authorized					d.				
e. Federal share of expenditures						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 Sha	re:								
i. Total recipient share required					i. [Not applicable]				
j. Recipient share of expenditures (Non-NEA share of actual, allowable expend									
k. Remaining recipient share to be provided Lines 10I - 10o (Program Income) not applicable.					k.				
11. Indirect	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charg	ged f. Federal Share	<u>;</u>	
Expense									
				g. Totals:					
12. Remarks: Attac	h any explana	tions deemed n	ecessary or informa	tion required by Fede	eral Sponsoring ag	ency in compliance	with governing legislat	ion:	
expenditures, disbu that any false, fictiti	rsements and ous, or fraudu	cash receipts are lent information	e for the purposes a , or the omission of		th in the terms and ay subject me to c	d conditions of the I riminal, civil or adm	Federal award. I am aw ninistrative penalties fo		
a. Typed or Printed Name and Title of Authorized Certifying Official:					c. Telephone (Area code, number and extension):				
					d. E-mail address:				
b. Signature of Au	thorized Cert	tifying Official:			e. Date Report	t Submitted (mm/di	d/yyyy)		
b. Signature of Au		tifying Official:			e. Date Report	: Submitted (mm/d	d/yyyy)		