

Please fill out this form and mail or PDF and email to:  
 Hawai'i Council for the Humanities  
 c/o Director of Community Grants  
 3599 Wai'alaie Avenue, Room 25  
 Honolulu, HI 96816  
 (808) 469-4551  
 shoshino@hihumanities.org



### FINAL FINANCIAL REPORT

*Directions on p. 2*

|   |   |
|---|---|
| <b>Grantee/Primary Sponsoring Organization:</b> | <b>Project Title:</b>                     |
| <b>Grant Number:</b>                            | <b>Grant Period:</b><br>/ / <b>to</b> / / |

#### Total Project Expenditures:

| BUDGET ENTRIES             | HIHumanities Grant | Grantee Cost Share— In-kind | Grantee Cost Share— Third Party Cash (Gifts/Grants if applicable) |
|----------------------------|--------------------|-----------------------------|---|
| Personnel                  | \$                 | \$                          | \$  |
| Travel                     | \$                 | \$                          | \$  |
| Promotion                  | \$                 | \$                          | \$  |
| Program Materials          | \$                 | \$                          | \$  |
| Facilities                 | \$                 | \$                          | \$  |
| Operational                | \$                 | \$                          | \$  |
| Media or Exhibit Component | \$                 | \$                          | \$  |
| Other Expenses             | \$                 | \$                          | \$  |
| Indirect Costs             | \$                 | \$                          | \$  |
| <b>Total Expenditures:</b> | \$                 | \$                          | \$  |

|  |                         |       |
|--|-------------------------|-------|
| <b>Certification:</b><br>I certify to the best of my knowledge and belief that the foregoing information is correct and that all disbursements were incurred solely for the purpose and conditions of the grant agreement. | Signature:              | Date: |
|  | Printed name and title: |       |

➔ If a final grant payment is owed, please provide mailing address below or check here if pick-up is preferred.  contact person: \_\_\_\_\_ Phone # \_\_\_\_\_

*The final payment will be based upon the HIHumanities Grant Total Expenditure listed above minus any previous grant payments issued.*

|                         |                              |            |
|-------------------------|------------------------------|------------|
| <b>Mailing address:</b> | <b>For HIHumanities use:</b> |            |
|                         | Final payment due:           | Trans #:   |
|                         |                              | Account #: |
|                         | \$                           | Date:      |
|                         | Approved by:                 |            |

## DIRECTIONS FOR COMPLETING THE FINAL FINANCIAL REPORT

- 1) Please contact Director of Community Grants, Stacy Hoshino, for questions and assistance for this form: shoshino@hihumanities.org, (808) 469-4551.
- 2) Please review your budget submitted in your application to help verify your final budget here. Your budget entries in this table should reflect your Final Budget report descriptions and itemizations in your Final Report. Grantees must obtain prior written approval for any proposed change in the project budget which affects the scope or objectives of the project and/or introduces or eliminates types or categories of expenditures.
- 3) Enter the name of the grantee or primary sponsoring organization, grant (or regrant) number (if applicable) and project title, as specified in the grant award documents— Attachment to the Grant Award or Memorandum of Agreement. Enter the beginning and ending date of the project time period, as specified in the grant award documents or any subsequent amendments.
- 4) **HIHumanities Grant:** Enter all project **expenditures and commitments** of HIHumanities grant funds, *including grant funds not yet received*, according to the budget categories listed.
  - a. All expenditures/commitments of HIHumanities grant funds must be made in accordance with the budget approved by the HIHumanities. Funds may be transferred among cost categories, providing: 1) the scope or objectives of the project are not changed, 2) HIHumanities specified rates of compensation or expenditure are not exceeded or 3) non-allowable costs are not included.
  - b. All HIHumanities grant funds must be expended or committed during the project grant period approved by the HIHumanities. All funds not expended or committed during this period must be returned to the HIHumanities.
- 5) **Grantee Cost Share In kind and Third Party Cash Gifts:** Enter all project **expenditures and commitment** of Grantee Cost Share In Kind and Third Party Cash Gifts/Grants expended for this grant-supported project during the project period, according to the budget categories listed.
  - a. **Grantee Cost Share—In-kind:** is what your organization provided as in-kind services, including the value of rentals, supplies, and portions of staff salaries.
  - b. **Grantee Cost Share—Third Party Cash:** is non-federal cash contributions added to the HIHumanities grant-funded project from the organization or outside sources. Because HIHumanities grants are federal in origin, other federal funds cannot be used to match a HIHumanities grant-funded project. Eligible matching is from non-federal third parties.