

GRANT FINAL REPORT

OVERVIEW

NJCH has transitioned to an online final report system that complements our existing online grant application. A screenshot the final report is included in the following four pages as a reference point, however please submit your final report through the online system. If your organization has completed its project and is ready to complete the final report, please contact grants@njhumanities.org.

ACCESS

The final report is accessible through a URL that will be sent via email to the project director. Please note that each URL is unique both to your project and to each type of form (e.g. the URL for the application is different than the final report). The grant final report uploads some previously submitted information, most significantly details about submitted events. After verifying a project is on track to end within the grant period near the project end date NJCH staff will provide access final report.

ADDITIONAL MATERIALS

The final report has a section for including additional materials; if your grant project created any products, such as publications, reports, media materials, etc., please upload a file, link to a file-sharing service such as DropBox, or mail **one** copy of the final product to our office. Please include any publicity generated by your project, such as newspaper articles, and, if available, high-resolution photos or videos (electronic files only). Please **do not** send marketing materials, press releases, emails, posters, etc.

QUESTIONS

If you have any questions, please contact grants@njhumanities.org.

GRANT NUMBER: 2480
PROJECT TITLE: TEST PROJECT
ORGANIZATION: TEST ORGANIZATION

I. NARRATIVE

INCOMPLETE ▲

*Required

DESCRIBE THE FINAL PROJECT. WHY WAS THIS PROJECT IMPORTANT TO YOUR AUDIENCE(S) AND/OR YOUR ORGANIZATION? WHAT DID IT ACCOMPLISH? *

400 word(s) left

HOW DID PEOPLE ENGAGE WITH THE HUMANITIES? HOW DID YOU MAKE USE OF YOUR HUMANITIES SCHOLAR(S) AND HUMANITIES SCHOLARSHIP OR PRACTICE? *

400 word(s) left

WHAT DID YOU LEARN? WHAT WOULD YOU DO DIFFERENTLY OR ADJUST IF YOU DID IT AGAIN? *

300 word(s) left

IS THERE ANYTHING ELSE YOU WANT TO TELL US ABOUT YOUR PROJECT? IN THIS SECTION PLEASE LIST ANY AWARDS, RECOGNITION, AND/OR ADDITIONAL FUNDING THIS PROJECT HAS RECEIVED.

300 word(s) left

II. FISCAL INFORMATION

INCOMPLETE ▲

PROJECT EXPENSES

All figures should reflect actual project cost, including cash and in-kind contributions, not estimates. Please note that receipts **do NOT** need to be submitted with the final report.

	AWARDED	EXPENDED	COST SHARE CASH (ACTUAL)	COST SHARE IN-KIND(ACTUAL)	TOTAL COST SHARE	TOTAL REQUEST & MATCH
PROJECT PERSONNEL	\$5,000	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	\$0	\$0
TRAVEL & LODGING	\$5,000	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	\$0	\$0
SUPPLIES & SERVICES	\$5,000	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	\$0	\$0
INDIRECT COSTS	\$5,000	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	\$0	\$0
TOTAL	\$20,000	\$0	\$0	\$0	\$0	\$0

Amount expended must be less than or equal to amount awarded and greater than 0

Amount expended must be less than or equal to cost share total and cost share total must be greater than 0

WERE THERE ANY SIGNIFICANT CHANGES IN ANY OF THE BUDGET CATEGORIES FROM THE AMOUNT AWARDED? *

YES NO

DID YOU RECEIVE ANY INTEREST INCOME FROM THE INVESTMENT OF NJCH FUNDS? *

YES NO

Interest earned in excess of \$250 will be deducted from the balance of the award owed by NJCH.

OTHER SOURCES OF INCOME

List the source of other contributions made in support of this project.

SOURCE

AMOUNT

REMOVE SOURCE

ADD SOURCE +

III. EVENT SUMMARY

INCOMPLETE ▲

DID YOU HOST EVENTS IN RELATION TO YOUR PROJECT? *

YES NO

TEST	Edit Event Remove Event
<p>4/1/2019 7:30 PM - 4/1/2019</p> <p>Test</p> <p>OPEN TO THE PUBLIC: YES</p> <p>Event Format: Media</p> <p>VENUE</p> <p>New Jersey Council for the Humanities 28 W State St STE 6</p>	<p>SCHOLARS</p> <p>James Kirkland <input type="checkbox"/> Not Involved</p> <p><input type="text" value="ADD SCHOLAR +"/></p>

Trenton, NJ 08608-1602

FINAL ATTENDANCE*

IV. ADDITIONAL MATERIALS

 COMPLETE 

DO YOU HAVE ADDITIONAL MATERIALS TO UPLOAD?*

YES NO

If your grant project created any products, such as publications, reports, media materials, etc., please upload or send by mail ONE COPY to our office.

TITLE

10 word(s) left

- UPLOAD FILE** (Max 20 MB. Accepted file formats: .pdf, .doc, .docx, .jpg, .gif, .png, .xls, .xlsx)
- LARGER FILE OR OTHER**
- BY MAIL**

REMOVE ATTACHMENT

ADD ANOTHER ATTACHMENT +

V. CERTIFICATION

INCOMPLETE 

Access to this section is available to anyone who has the link to this online form.

Signatures on this electronic form must correspond to those on the grant agreement signed at the beginning of your grant period. If any project personnel have changed, please notify NJCH staff in writing prior to submitting this form.

The Authorizing Official and Project Director will receive a confirmation email from the New Jersey Council for the Humanities once the report is successfully submitted. A copy of the final report will be attached to the email. You can also save or print a copy before submitting.

***Required**

- * By typing my name below, I certify that the statements contained in this report are true, complete, and accurate to the best of my knowledge. All expenditures were incurred solely for the purposes of this grant, during the approved grant period, and in accordance with the agreed upon conditions of the award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

PROJECT DIRECTOR SIGNATURE* (Type full name here)

TITLE OF PROJECT DIRECTOR*

- * By typing my name below, I certify that the statements contained in this report are true, complete, and accurate to the best of my knowledge. All expenditures were incurred solely for the purposes of this grant, during the approved grant period, and in accordance with the agreed upon conditions of the award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

AUTHORIZING OFFICIAL SIGNATURE * *(Type full name here)*

TITLE OF AUTHORIZING OFFICIAL *

- * By typing my name below, I certify that the statements contained in this report are true, complete, and accurate to the best of my knowledge. All expenditures were incurred solely for the purposes of this grant, during the approved grant period, and in accordance with the agreed upon conditions of the award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

FISCAL OFFICER SIGNATURE * *(Type full name here)*

TITLE OF FISCAL OFFICER *

DATE OF SUBMISSION

4/25/2019 2:39:21 PM

Please print out a copy of this application, or save as a PDF, for your records prior to submitting.
GRANTEE WILL NOT BE ABLE TO ACCESS OR MODIFY THIS FINAL REPORT ONCE IT HAS BEEN SUBMITTED.

PRINT

SAVE PDF

SAVE FOR LATER

SUBMIT FINAL REPORT

