NEW MEXICO HUMANITIES COUNCIL

CARES ACT FINAL REPORT EXPENSE SUMMARY & SUPPORTING EXPLANATION

	NMHC Funds					
	Awarded	Matching Cost Share				
	Awaraca	MATCHING	viatering cost of	iaic		
		CASH & IN-				
	NMHC CARES	KIND	THIRD PARTY	PROJECT		
Categories	ACT GRANT	DONATIONS	CASH	INCOME	TOTAL	
Staff/	7.0. 0	DOINT	Or G.			
Contractor						
Salaries:					\$ -	
General					1	
Operating						
Expenses:					\$ -	
Program						
Expenses:					\$ -	
					,	
Other:					\$ -	
Totals:	\$ -	\$ -	\$ -	\$ -	\$ -	
	<u>,</u>	Υ	<u> </u>	Y	T	
Supporting						
Explanations:						
		<u> </u>	I	I	T	
			Fdo	T-1-1 of TUIC	Out award Funds	
	CARES Grant	90% Initial	Funds Requested on	Total of THIS and all Funds	Subaward Funds Remaining	
	Award Total	Payment	THIS form	Received	(Deobligated)	
					(= 51 : 5 : ,	
				0	0	
				- ' '		
Though not required, grant recipients are encouraged to report non-Federal matching cash or in-						
- ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			<mark>ı funds for their (</mark>			
On behalf of the funded organization, I certify that the foregoing information is true and						
correct, and that all reported expenditures and contributions were incurred solely for the purpose of the identified grant during the eligible grant period and in accordance with the						
			gible grant peri	od and in accora	ance with the	
agreed condition	ons of the award	l .	т	Γ		
Authorizing						
Official:			Organization:			
		L			L	
Signature:			Date:			
_						
NMHC						
Executive						
Director						
Signature:			Date:			
						-