

[] Original Report [] Revised Report # ____ [] Fixed Price [] DO NOT CLOSE

C&G records indicate the following regarding termination of Project Number: _____ Fiscal Manager Spec Code: _____

Sponsor Name

Lead PI Name

End Date

Final expenditures reported should include only actual cash outlays, all transactions related to this project should be reflected in Financials PRIOR to the noted term date. If this is not possible, ALL reconciling items MUST be listed on this report (see page 2).

Check One: [] Final [] Interim/Annual [] Ext/Cont/Funds Approved [] Ext/Cont/Funds Pending*

*No-Cost Extension/Continuation pending: By initialing here _____ and not providing the requested financial information, the Department assumes all financial responsibility for expenditures incurred after the current term date ABOVE. Relevant/recent supporting documentation from the Sponsor's contracting official must be attached and returned by the deadline.

1. TOTAL DIRECT COSTS PER WOLF REPORT # 5 AS OF: _____

Note: MUST use the most recent MONTH END WOLF Report (no other date is acceptable)

2. NET AMOUNT OF RECONCILING ITEMS/TRAILING EXPENSES: (From Page 2) _____

3. TOTAL FINAL DIRECT COSTS FOR PROJECT: (From Page 2) _____

NOTE: C&G USE ONLY (F&A costs) 8960
F&A Rate(s): %
TOTAL PROJECT COSTS C&G USE ONLY

\$
\$

Fixed Price Projects Only -> Total Direct Cost Budget

Projects Only -> Total Projected Direct Cost Budget Balance Available

A ledger 7 must be provided for the transfer of available funds. Justification is needed for all transfers equal to or greater than 15% of the award amount (Total Direct Cost Budget).

Ledger 7-

4. CERTIFICATIONS:

- a) All expenses were incurred within the period of performance?
b) All expenses have been reviewed for allowability/allocability?
c) Subawards were executed against the parent project?
d) Technical reports have been completed and sent to Sponsor?
e) Has an invention been made using funds from this grant/contract?

5. EQUIPMENT:

- a) Was Equipment purchased on this award?
b) Sponsor-Furnished or Donated Equipment is present.
c) Fabricated equipment is present and proper exemption has been received from C&G.

6. UNUSED SUPPLIES INVENTORY (FEDERAL/FEDERAL FLOW AWARDS):

- a) Record the total value of all unused supply items purchased with these Federal funds:
b) What is the intended use of these supplies in the future?

COMMENTS

The financial information and certifications on this report as well as the attached Cost Sharing report are presented completely and accurately to the best of my knowledge. Additional costs that are NOT listed as reconciling items are the Department / College responsibility for pay-ment and must be removed immediately.

PI's Signature: _____ Date: _____

Department Head: _____ Date: _____

Completed By: _____ Phone: _____ Date: _____

Approved by (COE-ORA Only): _____ Date: _____ Due Date: _____

[] Richard Duckworth 515-3627 [] Patrick Hayes 515-7009 [] Rosette Tavorlacci 515-7011

Final Cost Share Report

Original Report Revised Report # _____ **DO NOT CLOSE** Project Number: _____

Complete the Actual Cost Sharing as of the project end date.

Although cost sharing may not be required by the Agency or committed to in the proposal, all voluntary cost sharing which has been incurred and can be documented/verified from internal records and/or external Third-Party documentation should be included in the Actual Cost Sharing figures. When required, C&G must report all cost sharing to the Agency.

*Supporting documentation must be submitted to C&G with this form for these categories of cost sharing. TEARS documentation should be supplied from the reporting feature in that system. Other documentation must be on invoice(s) or letterhead/financial statement(s) from the Subcontractor or Third-Party involved and should include the actual cost sharing categories along with the value of each.

**As a reminder, COE-ORA needs a copy of ALL document(s) for each category being reported.
FINAL Cost Sharing Report is required even if there is no cost shared dollars.**

<u>Cost Share Category</u>	<u>Actual Cost Share</u>
* EFFORT Documented in TEARS ONLY (exclude effort documented on After-The-Fact Memos. Include these with report)	_____
NON-SALARY MTDC	_____
TUITION	_____
CONTRACTS & GRANTS List Projects/Account Codes: _____	_____
* SUBCONTRACTORS	_____
* THIRD PARTY/OTHER	_____
SEGMENTS UNDER PRIME List Projects/Account Codes: _____	_____
SUB-TOTAL	=====
Completed By: _____	Date: _____

COMMENTS

C&G USE ONLY

Sub-total from Direct Costs from above	1	_____
Total Amount from After-The-Fact Memo(s)	2	_____
F&A Cost Sharing		
(1) Direct Cost Sharing _____% (neg. NCSU MTDC rate) \$ _____		
(2) Under Recovered _____% (Note: Base of Recovery) \$ _____		
Total F&A Cost Sharing	3	_____
Total (Line Items 1, 2 & 3)		=====