NEBRASKA ACADEMY OF SCIENCES GRANT FINAL REPORT COVER PAGE

**302 Morrill Hall, 14th and U Streets**

**Lincoln, NE 68588-0339**

**Telephone (402) 477-2200; email: nebacad@unl.edu**

Applicant: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tax ID: \_\_\_\_\_\_

 (if applicable) Federal ID (organization) or SSN (individual)

Address:

 Street City and State Zip code

 E-mail Phone Fax

Title of Grant Application: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

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Project Start Date (MM-DD-YYYY) Project Completion Date (MM-DD-YYYY)

Total Reimbursement Amount Requested: $

Please submit via email or general delivery and within one month of the end of the grant, a final report that summarizes your accomplishments relative to the aims of the grant, and provides a detailed accounting of how the grant funds were spent. Individuals receiving grants from the NAS are responsible for all tax liabilities associated with the award.

Publication or presentations that result from grant-related activities should acknowledge NAS funding, and the NAS office notified with the appropriate citation. Whenever appropriate, grantees should present their work at an NAS supported meeting. Please submit a list of any citations or recognitions that have been attributed to the Academy.

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Applicant Organizational Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date ((MM-DD-YYYY) Title of Organizational Representative

For Nebraska Academy of Sciences Use Only

Date Approved:\_\_\_\_\_\_\_\_\_\_\_\_ Amount Approved:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Denied:

Approved by: Payment History:\_\_\_\_\_\_\_\_\_

NEBRASKA ACADEMY OF SCIENCES GRANT FINAL REPORT

Applicant: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Grant Application: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Summary of Invoices:

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| Date | Item | Receipt Enclosed | $ |
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| Total $ Spent |  |  |  |

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Applicant: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Grant Application: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Summarize your accomplishments relative to the aims of the grant, and provide a detailed accounting of how the grant funds were spent.

Please submit a list of any citations or recognitions that have been attributed to the Academy.