Final Financial Report			
<b>Grant Number</b>	2025-015		
Organization Name	Mount Pleasant Writers Association		
<b>Grant Period</b>	09/01/2025 - 07/31/2026		
Funds Awarded	\$2,500.00		
<b>Funds Received</b>	\$2,500.00		

Expense Summary								
Category	КН		Cost-Sharing				Total	
Category		KII		Cash	]	In-Kind		l Otal
Personnel	\$	200.00	\$	1,800.00	\$	360.00	\$	2,360.00
Honoraria	\$	400.00	\$	-	\$	500.00	\$	900.00
Travel	\$	163.50	\$	200.00	\$	-	\$	363.50
Supplies	\$	1,001.50	\$	-	\$	300.00	\$	1,301.50
Marketing	\$	600.00	\$	-	\$	200.00	\$	800.00
Equipment	\$	-	\$	-	\$	-	\$	-
<b>Indirect Costs</b>	\$	-	\$	-	\$	-	\$	•
Other	\$	135.00	\$	-	\$	-	\$	135.00
TOTAL	\$	2,500.00	\$	2,000.00	\$	1,360.00	\$	5,860.00

Itemizations					
Itemize salary, honoraria, or service expenses paid for with KH grant funds (include receipts if available)					
Expense	Amount Paid				
5 Hours of Salary for Alice Smith, Project Director	\$	200.00			
Larry Davis Honorarium	\$	400.00			
	\$				

Itemize all expenses listed under "Ot available)	her" in the Exp	ense Su	mmary (in	clude ro	eceipts if
Expense				Amour	nt Paid
Chair and table rentals (receipt attached	d)			\$	135.00
				\$	
illiaiviauai ili-killa collii ibulloli recol	as). Hours and	Kate col	lumns are	ınclude	d as a resource
individual in-kind contribution recor and are not required.  Name / Source	Hours	Rate col			nt Contributed
and are not required.	,				
and are not required.  Name / Source	Hours	Rate	:/hr	Amour	nt Contributed
and are not required.  Name / Source  Alice Smith	Hours 45	Rate	hr 40.00	Amoui	nt Contributed 1,800.00
and are not required.  Name / Source  Alice Smith  Volunteer docents (12 tours at \$30 each)	Hours 45 12	Rate \$ \$	40.00 30.00	Amoui \$ \$	nt Contributed 1,800.00 360.00
and are not required.  Name / Source Alice Smith  Volunteer docents (12 tours at \$30 each)  James Apple (AV Set up)	Hours 45 12	Rate \$ \$	40.00 30.00	Amour \$ \$	nt Contributed 1,800.00 360.00 500.00

I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

**Authorized Official Typed Signature Date** 

> 206 E Maxwell St, Lexington, KY 40508 (859) 257-5932 • grants@kyhumanities.org