ENDANGERED ARCHIVES PROGRAMME

Appendix 3: FINAL REPORT

This form must not be submitted until all project outputs (the digitised content and metadata or pilot survey) have been submitted to the British Library and signed off by the EAP team.

An appropriate senior person in the Host Institution must sign to certify that the statement of expenditure is accurate. All figures must be in GBP.

The final grant instalment will be paid only when the digital collections and metadata or pilot survey plus final report have been satisfactorily received. Any unspent funds must be returned to the Programme.

The project outputs should be sent to:

Endangered Archives Programme British Library, 96 Euston Road London NW1 2DB, United Kingdom

Please save as a PDF or Word document, naming it as follows: **EAPxxxx_[name]_final_report** and email to endangeredarchives@bl.uk

1	Grant details	
	Name of Project Lead	
	Project title	
	Type of grant	
	Start and end dates (as on Agreement)	
2	(200 words maximum)	e work supported by this grant?

he EAP website.					
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	ed on the EAP website.
reports in the I	s on how the results from your project have been disseminated, included local, national or international media. The same links to content where possible.
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Please relei	to the Grant Agreement.
Do you ha Endanger	ive any comments you would like to make regarding your research, this awar
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If the language of the project was not English, please provide below a summary of the aims and achievements in the language(s) of the project. This will be used to enhance discoverability of the digitised material online.

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11 Statement	of expenditure					
		Amount awarded (£)	Amount spent to date (£)	Amount committed to end of project (£)	Total spend (estimated) (£)	Variance (+ or -) (£)
J	Fees & salaries			, ,		
Equipment 8	& consumables					
Travel	& subsistence					
	Training costs					
	Other costs					
	TOTAL					
I confirm that this Programme	is a true stateme	nt of expendi	iture of funds	awarded und	ler the Endang	gered Archives
Signature				Dat	e	
Name					Institutional (if availab	
Email address						
Position in Institution						
Institution						
I confirm that the	information prov	vided in this i	report is accı	urate and con	nplete.	
Signature	of Project Lead			Da	te	

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