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)	
	Date final outputs signed off by EAP	
2	What was the aim of th (200 words maximum)	e work supported by this grant?

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reports in the	Is on how the results from your project have been disseminated, include local, national or international media. Is and links to content where possible.

	e Grant Agreement.
Have any othe	er funding bodies been involved in supporting this project? Yes
If yes, please prov	ride details.
Do you have a	any comments you would like to make regarding your research, this awar
Endangered <i>F</i>	Archives Programme as a whole?

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 (£)	Variance (+ or -) (£)
Fees & salaries					
Equipment & consumables					
Travel & subsistence					
Training costs					
Other costs					
TOTAL					
For and on behalf of the Host	Institution				
I confirm that this is a true statem Programme	ent of expend	iture of funds	awarded und	er the Endar	ngered Archive
Signature			Date	e	
Name		Institutional stamp (if available)			
Email address					
Position in Institution					
Institution					
I confirm that the information pr	ovided in this	report is acc	urate and com	nplete.	
Signature of Project Lead			Dat	te	

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