Annual Fiscal Report (G4a)

BARD Project Number:

Institution Reference Number:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Institution: | | Report | | Report Period | |
| First |  | From | To |
| Second |  | From | To |
| Third |  | From | To |
| Final |  | From | To |
| 1. | Expenditures for this reporting period: |  | | US Dollars | New Israeli Shekels |
| a. | Salaries and social benefits | | |  |  |
| b. | Non-expendable equipment (please list items costing $1,000 or more in Item 6 below) | | |  |  |
| c. | Operating expenses (supplies, local travel, etc.) | | |  |  |
| d. | Foreign travel | | |  |  |
| **Total direct costs:** | | | |  |  |
| e. | Overhead ( %) | | |  |  |
| **Total costs of reported period (Item 1):** | | | |  |  |
| 2. | Expenditures as set forth in previous annual reports | | |  |  |
| 3. | Total cumulative expenditures (Items 1 + 2) | | |  |  |
| 4. | Amount of grant awarded to period of report, cumulative | | |  |  |
| 5. | Amount of grant payments made to date | | |  |  |
| 6. List of non-expendable equipment costing $1,000 or more:  Date of Purchase Item Serial Number Cost in US$ | | | | | |
| Remarks: | | | | | |

We hereby certify that this report is true and correct to the best of our knowledge and that all expenditures reported herein have been made in accordance with appropriate grant policies and for the purposes set forth in the application and award documents.

Date:

Institution’s Authorizing Official:

Name Signature

PI or Co-PI of the Project:

Name Signature

Annual Fiscal Report – List of Personnel (G4b)

BARD Project Number: Report:

First

Second

Institution Reference Number: Third

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Personnel | Job Title | Full/Part time (indicate %  if part-time) | Cost in US $ (salaries + social benefits) |
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|  |  |  |  |
| Total (equal to amount in item 1a of fiscal report form Appendix G4a) | | |  |

Date:

Institution’s Authorizing Official:

Name Signature

PI or Co-PI of the Project:

Name Signature