

Cumulative Products Table

OUTLAY (\$)
(SUBMIT ONLY WITH THE END-OF-YEAR REPORT)

Annual Grant _____	End-of-Year Report _____	Amendment _____
State _____	Fiscal Year _____	Date _____

Instructions

1. Refer to both the Glossary and the Guidelines for Completing the Cumulative Products Table.
2. Fill in all blanks. Enter "N.A." if the category is not applicable. Use "0" if the category is applicable, but no action has occurred during the reporting period.

	<u>ACTUAL EXPENSES</u>	
Program Area	HPF	Matching Funds
ADMINISTRATION.....	_____	_____
REVIEW AND COMPLIANCE.....	_____	_____
NATIONAL REGISTER.....	_____	_____
PRESERVATION TAX INCENTIVES.....	_____	_____
SURVEY AND INVENTORY.....	_____	_____
PLANNING.....	_____	_____

Cumulative Products Table

OUTLAY (\$) (Continued)
(SUBMIT ONLY WITH THE END-OF-YEAR REPORT)

Annual Grant _____	End-of-Year Report _____	Amendment _____
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Instructions

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	<u>ACTUAL EXPENSES</u>			
Program Area			<u>HPF</u>	<u>Matching Funds</u>
LOCAL GOVERNMENT CERTIFICATION/PASS-THROUGH:				
	<u>HPF</u>	<u>Matching Funds</u>		
A. PROGRAM AREA OUTLAY THAT IS <u>NOT</u> PASSED THROUGH TO CLGs	_____	_____		
B. PASS-THROUGH <u>SUBGRANTS</u> ..	_____	_____		
LOCAL GOVERNMENT CERTIFICATION/PASS-THROUGH TOTAL			_____	_____

Cumulative Products Table

OUTLAY (\$) (Continued)
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	<u>ACTUAL EXPENSES</u>			
Program Area			<u>HPF</u>	<u>Matching Funds</u>
DEVELOPMENT, ACQUISITION, AND COVENANTS				
	<u>HPF</u>	<u>Matching Funds</u>		
A. DEVELOPMENT.....	_____	_____		
B. ACQUISITION.....	_____	_____		
C. COVENANTS AND PRESERVATION AGREEMENTS MONITORING.....	_____	_____		
DEVELOPMENT, ACQUISITION, AND COVENANTS TOTAL.....			_____	_____

Cumulative Products Table

**OUTLAY (\$)(CONTINUED)
 (SUBMIT ONLY WITH THE END-OF-YEAR REPORT)**

Annual Grant _____	End-of-Year Report _____	Amendment _____
State _____	Fiscal Year _____	Date _____

Instructions

1. Refer to both the Glossary and the Guidelines for Completing the Cumulative Products Table.
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	<u>ACTUAL EXPENSES</u>	
Program Area	HPF	Matching Funds
OTHER ACTIVITIES.....	_____	_____
TOTAL OUTLAY FOR THE YEAR..... ...	_____	_____

Cumulative Products Table

**EFFORT (WORK MONTHS)
 (SUBMIT ONLY WITH THE END-OF-YEAR REPORT)**

Annual Grant _____	End-of-Year Report _____	Amendment _____
State _____	Fiscal Year _____	Date _____

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<u>PROGRAM AREA</u>	<u>ACTUAL EFFORT</u>
ADMINISTRATION.....	_____
REVIEW AND COMPLIANCE.....	_____
NATIONAL REGISTER.....	_____
PRESERVATION TAX INCENTIVES.....	_____
SURVEY AND INVENTORY.....	_____
PLANNING.....	_____
LOCAL GOVERNMENT CERTIFICATION/PASS-THROUGH.....	_____
DEVELOPMENT, ACQUISITION, AND COVENANTS.....	_____

OTHER ACTIVITIES.....	<hr/>
TOTAL EFFORT FOR THE YEAR.....	<hr/>