

GRANT REPORT COVER SHEET
The Andrew W. Mellon Foundation

Grant Information		
Grant Reference Number:	Grant Amount: \$	Report Submission Date:
Organization Information		
Organization Legal Name <i>(as it appears on your IRS determination letter):</i>		
Mailing Address and Full Contact Details of Principal Investigator: <i>(Note: For liberal arts colleges, the principal investigator is the institution's president or chief academic officer.)</i>		
Please provide any changes since last report to contact information for organizational leadership or relevant grant management staff:		
Report Information		
Period Covered by Report:	to	
Type of Grant <i>(check all that apply):</i>	<input type="checkbox"/> Spendable	<input type="checkbox"/> Endowment <input type="checkbox"/> Matching
If Spendable:		
Remaining spendable balance, including interest:		
Interest and investment income earned during reporting period:		
Total interest and investment income earned to date:		
If no earnings, does the report include the required explanation?	<input type="checkbox"/> Yes	Page #:
Does the financial report indicate any significant variances between the approved budget and actual expenditures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If variances, does the report include the required explanation?	<input type="checkbox"/> Yes	Page #:
Is this a final report on the spendable funds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If applicable, have remaining funds been returned to the Foundation?	<input type="checkbox"/> Yes	Refund Issue Date:
	<input type="checkbox"/> By Check	<input type="checkbox"/> By Wire
If Endowment:		
Value of endowment at end of period covered by report:		
Net investment gain/loss during period covered by report:		
Is this a final report on the endowment funds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Matching:		
Date by which match is to be completed:		
Total amount of matching funds to be raised:		
Total matching funds raised and in hand to date:		
Total matching funds released or paid by Foundation to date:		
Review Requirements <i>(check as done):</i>		
Narrative report signed by principal investigator:	<input type="checkbox"/>	
Financial report indicating review by authorized individual:	<input type="checkbox"/>	
Grant Modifications <i>(require written approval from the Foundation):</i>		
Has a budget reallocation been requested?	<input type="checkbox"/> Yes	Request Date:
Foundation approval received?	<input type="checkbox"/> Yes	Approval Date:
Has a no-cost extension been requested?	<input type="checkbox"/> Yes	Request Date:
Foundation approval received?	<input type="checkbox"/> Yes	Approval Date:
Has an extension of the matching period been requested?	<input type="checkbox"/> Yes	Request Date:
Foundation approval received?	<input type="checkbox"/> Yes	Approval Date:
Has any unlisted form of grant modification been requested?	<input type="checkbox"/> Yes	Request Date: Type:
Foundation approval received?	<input type="checkbox"/> Yes	Approval Date: