



STATE PROGRAM FINAL FINANCIAL REPORT

1. Agency/School District _____ 2. Date _____
3. Source Nevada Public Broadcasting Program Nevada Public Broadcasting
4. Project Title Nevada Public Broadcasting
5. Project Number 19-359-
6. FY 18-19 7. Approved Date _____ 8. Funds Approved \$ _____
9. Carryover Funds From Previous Fiscal Year (Cash-on-Hand) \$ _____
10. Revenue Generated by the Project \$ _____
11. Funds Received During Current Fiscal Year:

DATE	AMOUNT	DATE	AMOUNT
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

12. Total Funds Received During Current Fiscal Year \$ _____
13. Total Funds Available and Accounted for, (#9, #10 and #12) \$ _____
14. Total Funds Expended (must equal TOTAL – SFP-01) \$ _____
15. Net Cash-on-Hand (unexpended balance), #13 minus #14 \$ _____

I certify that all information recorded herein is true, complete and correct, to the best of my knowledge and belief.

Signed _____
Authorized Signature

DEPARTMENT OF EDUCATION USE ONLY					
State Legislative Bill or CAN Number	Amount Approved	Amount Received	Amount Expended	Unexpended Balance	Disposition Unexpended Balance *

*Disposition Code: COH = Carryover RTD = Return Amount to NDE NA = Not Applicable
 Distribution: Office of Departments Support _____ Office _____ Other: (Specify) _____

NDE OFFICIAL: _____ DATE: _____