

Individual Arts Grants Final Report Form

The final report is due thirty (30) days after the completion of your funded project.

Organization Name	
Address	
Contact Person	Title
Phone	Email
Project Title	

Date of Project Completion
Total Number of Individuals Served
Was there a predominant ethnic group participating in your project? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please check where appropriate: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other
Was there a predominant age group participating in your project? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please check where appropriate: <input type="checkbox"/> <12 <input type="checkbox"/> 12 – 19 <input type="checkbox"/> 20 – 39 <input type="checkbox"/> 40 – 59 <input type="checkbox"/> 60+

1. On a separate sheet of paper, please provide information on how you evaluated your project and what the results were.
2. Complete the attached budget form using whole dollars.
3. Use the following list to make sure that all supplementary materials are submitted with your final report. Label each item as indicated below.

- Attachment A – Copies of press releases showing the proper funding statement (if any)**
- Attachment B – Programs, posters, flyers, etc. showing the proper funding statement**
- Attachment C – Press clippings relative to your project (if any)**
- Attachment D – Any additional comments about your experience (including any suggestions you might have towards improving the grant program)**

CERTIFICATION: I hereby certify that the program for which funding was received as outlined in the Community Arts Grants Services Contract was accomplished and that the budget indicated above was adhered to.

Signature _____ Date _____

Print Name _____ Title _____

Please enter income and expenses for the completed project. It is important to provide details by using the “Description” column. If there are staff costs, indicate positions and percentage of their time; indicate how many tickets were sold, and any other income sources.

Please itemize your income for the proposed project

Type of Income	Description	Amount \$
<i>Earned Income</i>	----- -----	\$ ----- -----
Admission/Membership		\$
Contracted Services		\$
Tuition/Class Fees		\$
Other Earned income		\$
Total Earned Income		\$
<i>Contributed Income</i>	----- -----	\$ ----- -----
Fundraising Event(s)		\$
Corporate/Business Support		\$
Foundation Support		\$
Individual Support		\$
Government Support		\$
Other (specify)		\$
Total Contributed Income		\$
Total Income		\$

Please itemize your income for the proposed project

Type of Expense	Description	Amount \$
Personnel: Administrative		\$
Personnel: Artistic		\$
Personnel: Technical		\$
Fringe Benefits		\$
Consultant Fees/Artist		\$
Consultant Fees Other (specify)		\$
Materials and Supplies		\$
Space Rental		\$
Equipment Rental		\$
Travel		\$
Marketing/Advertising		\$
Fundraising		\$
Other (specify)		\$
Total Expenses		\$
Balance		\$

- Total Project Income _____
- Total Project Expenses _____

Budget Form

List any in-kind contributions specifically related to the project

Source	Purpose	Amount
		\$
		\$
		\$
Total		\$