

07/09

COLUMBUS ARTS COUNCIL, INC.
P.O. Box 869
Columbus, MS 39703
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**FINAL REPORT FORM
For Community Arts Grant**

- **Copy as needed.**
- **Please type.**

1. **Organization** _____

2. **Mailing Address** _____

3. **Project Coordinator** _____

4. **Day Phone** _____ **Evening Phone** _____

5. Narrative Description

Please let us know about your project, using the following questions as a guide.

Explain in 1-3 pages how your organization complied with the requirements of this grant.

- A) How did the project funded meet your objectives? How did it have a specific impact on the community?
- B) Please tell us about an outcome or achievement of which you are particularly proud. Describe it briefly.
- C) Were there any disappointments or challenges? What would you do differently?
- D) What do you consider to be the most important element of your project? Do you have plans to expand?
- E) Please include examples of publicity or programs where the Columbus Arts Council was acknowledged as a funding source. How have you encouraged those who benefit from this grant to support the programs of the Columbus Arts Council?
- F) Were there any significant changes in your project from what was described in your original application?
- G) Did you tell your legislators about this grant?
- H) What standards were used to assure high artistic quality of the activities and participants involved?

Please complete and return all the following forms to the Columbus Arts Council or by email on or before **July 1, 2009**. The mailing address is above; the office is located at 501 Main Street, downtown. Thank you for your participation in this important program.

BUDGET REPORT: Your fiscal year begins (month/day) ___/___ and ends (month/day) ___/___

6. Cash Expenses – itemize on a separate page.

	Cash Match	CAC Grant	Total
Personnel:			
1. Administrative			
2. Artistic			
3. Technical/ Production			
Outside Fees:			
4. Artistic			
5. Other			
Other:			
6. Space Rental			
7. Travel			
8. Marketing			
Remaining Expense:			
9. Phone/Postage			
10. Rentals			
11. Supplies			
12. Insurance			
13. Other			
14. Capital Expenditures			
15. Total Expenses:			

7. Cash Income – itemize on a separate page.

	Cash	In-Kind**	Total
Revenue			
1. Admissions			
2. Contracted Services			
3. Other Revenue			
Support			
4. Corporate			
5. Foundation			
6. Other Private			
Government Support			
7. Federal			
8. State/Regional (other than this grant)			
9. County/ Municipal			
10. Applicant cash			
11. Portion of CAC grant received			
12. Portion of CAC grant due			
13. Total Income:			

A. Quick Recap:

Once you have submitted your final report, we will compile your figures and statistics for our final reports, to the Mississippi Arts Commission, the National Endowment for the Arts and the local legislatures. To assist us, please answer these few remaining questions.

8. Racial Composition: Please indicate, in percentages, the racial composition of those who took part in this project:
___% White + ___% African American + ___% Native American + ___% Hispanic + ___% Asian = 100%
9. How many youths under 18 were served by this grant? 9 _____
10. How many total individuals were served by this grant? 10 _____
11. How many individuals received free or discounted admission to events supported by this grant? 11 _____
12. How many individuals received newsletters, announcements, or other promotion/publicity materials supported by this grant? 12 _____
13. How many schools benefited from performances, docent tours, demonstrations, lectures, teacher training, teacher guides, or other services supported by this grant? 13 _____
14. Did you spend the entire amount awarded to you? 14 _____
If yes, enter the full amount of the grant; if no, enter the amount spent.
15. What was your total income for this project? 15 _____
(Refer to line 13 on your Income Report, page 2)
16. a) How many people including artists were paid for services related to this project? 16a _____
b) Of these how many were artists? 16b _____
17. a) How many people including artists volunteered services related to the project? 17a _____
b) Of these, how many were artists? 17b _____
18. How many teachers/educators/administrators received training through this grant? 18 _____

Checklist

Before you submit your final report, double-check to make sure that you:

- used the correct Final Report Form
- filled in all the appropriate blanks
- completed your budget page
- attached budget itemization
- answered all narrative questions
- attached all appropriate supplementary materials such as one copy of a letter to your legislator, sample promotional materials, and other items like programs and surveys. Please be selective. We welcome photographs but they will not be returned.
- obtained original signatures (in ink) from the authorizing official and project director

The Authorizing Official and Project Director hereby certify that the information contained in this final report, including all attachments, is true and correct to the best of our knowledge.

*Authorizing Official signature (in ink) _____ Date _____

Name _____ Day phone _____

Project Director signature (in ink) _____ Date _____

Name _____ Day phone _____