SMALL GRANT FINAL REPORT

arts council of york county

Submit the original signed final report and attached support materials to:
MAIL | PO Box 2797, Rock Hill, SC 29732 *OR* **DELIVER** | Center for the Arts, 121 E. Main St., Rock Hill, SC 29730

I. APPLICANT/ORGANIZATION

Name: _____

Address: _____

_____

City, State, Zip: _____

Grant Period (Month/year):_____

To be completed by person filling out this form:
(Please indicate name, address, and phone number)

_____

_____

_____

_____

_____

II. GRANT BUDGET:

Round expenses and income to nearest dollar.

EXPENSES	TOTAL	INCOME	TOTAL
Personnel		Applicant Cash	_____
Administrative	_____	Admission/Sales	_____
Artistic*	_____	Contracted Services Revenue	_____
Technical/Production	_____	Private Support:	
Other*_____	_____	Corporate _____	_____
Outside Fees & Services		Foundation _____	_____
_____	_____	Other _____	_____
Space Rental	_____	Government Support/Grants	
Travel	_____	(do not include ACYC grant here. See below.)	
Marketing	_____	Federal _____	_____
Other Operating Expenses (list below)		State/Regional _____	_____
_____	_____	County _____	_____
_____	_____	City _____	_____
_____	_____	Capital Expenditures (Grant funds may NOT be used for capital expenditures, but may be used as part of the cash match.)	_____
_____	_____	Other Revenue (i.e., in-kind/artist time)	_____
_____	_____	_____	_____
		INCOME SUBTOTAL	_____
		ARTS COUNCIL GRANT REQUEST	_____
TOTAL EXPENSES	0.00	TOTAL INCOME	1,500.00

**Individual Artists - Up to one half of the cash match may be accounted for by the cash value of applicant artist's creative time or technical/production. How the value of this time has been calculated must be included in the detailed project budget.*

[NEXT >>]

III. GRANT DOCUMENTATION

Complete and attach the following items before mailing:

☐ Small Grants Final Report Form (2 pages)

☐ Narrative: Respond to each question with appropriate number (attach sheets addressing the following questions):

1. Were the objectives of the project met? How?
2. Summarize the funded activities. Specify any changes in the activities from the original grant application. For continuing activities, what changes do you plan to implement that could strengthen or improve the activities?
3. Describe methods used to evaluate the funded activities.
4. What other organizations or individuals were involved in planning, support, and implementation?
5. Describe publicity or promotional efforts, if applicable, which were conducted to inform the public of the project? Include some specific information on your efforts to make activities accessible to groups traditionally underserved in the arts (e.g., minorities, people with disabilities, rural populations, low-income families).
6. What can the Arts Council do to improve its services to you, your organization, and the community?

☐ Receipts and/or cancelled checks (must equal grant amount + required match)

☐ Sample of notification to legislators (required for <u>all</u> grants)

☐ Five slides/photographs or video/audio tape of funded activities (optional)

☐ If applicable, please provide the following:

- Schedule of events funded by grant along with publicity materials, brochures, etc.
- List of artists/consultants funded by grant
- Sample of evaluation materials

1. Did any legislators attend events or functions funded by the grant? ____Yes ____No
2. Did any Arts Council staff member, Small Grants Committee member, or board member visit during the grant period? ____Yes ____No
   If yes, please give their names: _____

IV. STATISTICAL DATA

Please provide the following information, which is required in our reporting to the SC Arts Commission and the National Endowment for the Arts. For purposes of this report, "Predominant" is defined as over 50%. If you have questions about providing this data, please contact the Arts Council of York County.

A. Grantee - *The predominant racial characteristics of the grantee (check one of the following)*:
____ American Indian/Alaskan Native ____ Asian/Pacific Islander ____ African American
____ Hispanic ____ White (not Hispanic) ____ General

B. Activities - *The predominant culture/traditions emphasis in funded activities (circle one of the following)*:
____ American Indian/Alaskan Native ____ Asian/Pacific Islander ____ African American
____ Hispanic ____ White (not Hispanic) ____ General
Did these activities include an international component? ____Yes ____No

C. Participation - *Provide numbers for each of the groups below, include only those directly affected by or involved in the funded activity*:
____Total Youth ____Total Artists ____Total Audience and Others

D. Were any hotel rooms booked for artists, family or attendees? _____ How many? _____

V. CERTIFICATION

I/we certify that the following information and attachments are true and correct, and that all expenditures were incurred and income received solely for the purposes of the herein described grant.

_____

Applicant/Authorizing Official*: Printed Name & Signature Title Date

**If an organization received a grant through a fiscal agent organization, the authorizing office of the fiscal agent organization must sign this report.*