

FY2019 Public Value Report
Kentucky Arts Partnership Grant Program

Deadline: July 30, 2019

Grant Number: _____ Fiscal Year: **FY2019**

Grantee Name: _____

Contact Person for this report: _____

Contact Title: _____ Phone Number: _____

Contact Email Address: _____

Activity Dates Begin: July 1, 2018 End: June 30, 2019

Number of Individuals who benefited: Youth: _____ Adults: _____

Paid: _____ Comp: _____ Out of county: _____ Out of state: _____

Number of Artists who participated: _____

Arts Education Activities

Youths served: _____

Number of counties served: _____

Number of schools served: _____

Dollar amount spent on arts education during this grant period: \$ _____

List counties served by arts education activities: _____

List counties served by all program activities: _____

Arts Council dollars awarded for this activity leveraged how many dollars from other sources: _____ \$ _____

(The recommended calculation for leveraged dollars is to take the organization's total of earned and contributed revenues for the period and subtract any revenues that could not feasibly be a consequence of arts council support, such as revenue from sale of property, investment income, etc.)

Revenue	Actual
Kentucky Arts Partnership Grant	\$ _____
List each major source:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Revenue	SUM A \$ _____

Expenses	Actual
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Expenses	SUM B \$ _____

Net/(Deficit) = A - B \$ _____

Added Public Value

Number of paid full-time employees:	_____
Number of paid part-time employees:	_____
Number of contract-for-service workers:	_____
Total salary paid to all employees, inclusive of benefits:	\$ _____
Total taxes (sales, payroll property, etc.) paid by the grantee organization to municipal/county government:	\$ _____
Total taxes (sales, payroll property, etc.) paid by the grantee organization to state government:	\$ _____
Total taxes (sales, payroll property, etc.) paid by the grantee organization to federal government:	\$ _____

As you reach the conclusion of your Kentucky Arts Partnership Grant funding period for FY2019, please respond to the following questions on a maximum of two pages, placing your organization's name in the top right-hand corner of each page.

1. Impact

- Describe the public value or benefits to the community you provided through arts council funding.

2. Documentation/Acknowledgement

- Describe how you satisfied arts council acknowledgment requirements. Attach copies of programs, advertisements, newsletters, website links, email announcements, etc., that contain the arts council acknowledgment line and/or logo.
- Please describe how your organization implemented its arts advocacy strategies in this grant period. Also, describe how your organization involved itself in the public life of your community, and how you involved public officials in the activities of your organization.

I certify that I am legally authorized to submit this report on behalf of the grantee and that the foregoing statements and enclosures are true and complete to the best of my knowledge.

All signatures must be in RED ink.

Preparer's
Signature: _____ Date: _____
All signatures must be in RED ink.

Type Name: _____ Title _____

Mail completed Public Value Report to:

Kentucky Arts Council
1025 Capital Center Drive
Third Floor
Frankfort, KY 40601
502-564-3757
Toll Free: 888-833-2787