



**FY2016 Public Value Report**  
**Folk and Traditional Arts Apprenticeship Grant Program**  
**Deadline: July 30, 2016**

Grant Number: \_\_\_\_\_ Fiscal Year: **FY2016**

Grantee's Name  
(master artist) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Activity Dates: Begin: July 1, 2015 End: June 30, 2016

As you reach the conclusion of your Folk and Traditional Arts Apprenticeship funding period for FY2016, please respond to the following questions on a maximum of two pages, placing the master artist's name in the top righthand corner of each page.

**1. Master Artist's Response**

Describe what you accomplished with your apprentice through this grant program.

Describe how your apprentice will influence the recognition and continuation of the art form.

**2. Apprentice's Response**

Describe knowledge and experience you gained while working with the master artist through this grant program.

Describe how you will use this knowledge and experience.

### 3. Project Activity Location Data

List the address of all locations where the apprenticeship occurred and the number of days at each location.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# of days activity occurred at this address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# of days activity occurred at this address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# of days activity occurred at this address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# of days activity occurred at this address: \_\_\_\_\_

*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  
21st Floor, Capital Plaza Tower  
500 Mero Street  
Frankfort, KY 40601-1987

502-564-3757  
Toll Free: 888-833-2787