

**Poetry Out Loud**

FY2018 Final Report Form

**Deadline: April 16, 2018**

School name: \_\_\_\_\_

Contact person for this report: \_\_\_\_\_

Contact's phone number: \_\_\_\_\_

Contact's email address: \_\_\_\_\_

Number of children/youth engaged: \_\_\_\_\_ Number of adults/teachers engaged: \_\_\_\_\_

Number of artist(s) directly involved: \_\_\_\_\_

Did your school use any of its own financial resources to participate in POL? \$ \_\_\_\_\_

If so, please describe:

**Population Benefited**

Select all categories that, by the best estimate, make up 25% or more of the population that directly benefited from the program activities.

**By Race:**

- American Indian/Alaska Native (N)  Asian (A)
- Native Hawaiian/other Pacific Islander (P)  Black/African American (B)
- Hispanic/Latino (H)  White (W)
- No single racial/ethnic group made up more than 25% of the population directly benefited (G)

**KAC Staff Use ONLY**

FY:	<b>2018</b>	APP #:		Grant Program:	<b>POL</b>
App Status:		App Institution:	<b>23</b>	App Discipline:	<b>14</b>
Primary Outcome:	<b>C</b>	# of Artist(s):		Activity:	<b>20</b>
# of Adults:		Race/Ethnicity:		# of Children/Youth:	
Pop benefited by age:	<b>01</b>	District Groups:		Arts Education:	<b>01</b>

**Population Benefited**

Select all categories that, by the best estimate, make up 25% or more of the population that directly benefited from the program activities.

<b>By Distinct Groups:</b>	<input type="checkbox"/> Individuals with Disability (D) <input type="checkbox"/> Individuals in institutions (includes people living in hospitals, hospices, nursing homes, assisted care facilities, correctional facilities, homeless shelters) (I) <input type="checkbox"/> Individuals below the poverty line (P) <input type="checkbox"/> Individuals with limited English proficiency (E) <input type="checkbox"/> Military veterans/active duty personnel (M) <input type="checkbox"/> Youth at risk (Y) <input type="checkbox"/> No single distinct group (G)
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**Project Activity Location Data**  
 List the address of all locations where Poetry Out Loud activities 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: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Mail completed Final Report to:**

Kentucky Arts Council  
 1025 Capital Center Drive  
 Third Floor  
 Frankfort, KY 40601  
 502-892-3214  
 Toll free: 888-833-2787