

**Poetry Out Loud**

FY2020 Final Report Form

**Deadline: April 15, 2020**

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: \_\_\_\_\_ Total number of enrolled students: \_\_\_\_\_

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:**

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

**KAC Staff Use ONLY**

FY: <b>2020</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: _____

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# of days activity occurred at this address: _____

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Address: _____
City: _____ State: _____ ZIP: _____
# of days activity occurred at this address: _____

In this section, please respond to each narrative question on a separate sheet of 8 ½ x 11 sheet of paper. Include "FY2020 Final Report-POL *and name of school*" at the top of each page.

Please include "human interest" stories or other anecdotal information about the project within the narrative as appropriate.

1. What did the project accomplish during the period of performance? Please highlight key accomplishments and relate them to the goals of your project. What factors were instrumental to your project's success?
2. Beyond the project's direct accomplishments, what was the impact or benefit for (please answer all that apply):
  - Your POL student participants?
  - Your school
  - Your local arts/poetry community?
3. Did the project encounter any events and/or circumstances that impeded your ability to conduct the project as planned?

Yes	No
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  - If yes, please describe the nature of the challenge(s). Were you able to overcome the challenge(s) and, if so, how? Please describe any lessons learned. (3,000 character limit)

**All signatures must be in red ink.**

Preparer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Title: \_\_\_\_\_

**Mail completed Final Report to:**

**Kentucky Arts Council**  
**Samuel Lockridge**  
1025 Capital Center Drive, Third Floor  
Frankfort, KY 40601  
502-892-3124  
Toll free: 888-833-2787