

Specialists with Arts Tactics (SWAT) Consultancy FY2019 Final Report

Deadline: This final report must be completed by the applicant and returned to the Kentucky Arts Council within two weeks of the consultancy completion.

1. School/District Name: _____
2. Consultant Name: _____
3. Contact Person for this report: _____
4. Contact Email: _____ 5. Contact Phone : _____
6. Consultancy Hours: \$200/3 hours \$400/6 hours
7. Consultancy Dates: Begin Date _____ End Date _____
8. Number of adults directly engaged: _____
9. Number of artists directly involved: _____
10. Consultant Rating:

Consultant's preparation

Consultant's expertise

Consultant's responsiveness to the school's needs

Learnings and engagement of people directly impacted by consultancy

Accuracy and content of the consultant's final report

Value of the consultant's recommendations

Consultancy's overall effectiveness

Value of the consultancy to your school

EXPENSE REPORT

Amount paid to the consultant for mileage expense? \$ _____

Amount paid to the consultant for lodging expense? \$ _____

Amount paid to the consultant for meal expense? \$ _____

Amount paid to the consultant for incidental expenses? \$ _____

TOTAL REIMBURSEMENT MADE TO THE CONSULTANT \$ _____

I certify that these statements and enclosures are true and complete to the best of my knowledge.

All signatures must be in *RED* ink and return to the Kentucky Arts Council via mail.

Preparer's Signature: _____ Date: _____

All signatures must be in *RED* ink.

Type Name: _____ Title: _____

Narrative Section

1. Describe the purpose of the consultancy.

2. What advance information or material did you provide the consultant?

- | | |
|--|--|
| <input type="checkbox"/> Minutes from SBDM/Board meetings | <input type="checkbox"/> Grant Applications |
| <input type="checkbox"/> Promotional Materials | <input type="checkbox"/> Newspaper/Magazine Articles |
| <input type="checkbox"/> Arts and Humanities Program Review Report | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> CSIP/CDIP | _____ |

3. Describe the conclusions reached at the end of the consultancy.

4. List three benchmarks towards which the school/district has decided to work as a result of this consultancy:

5. Describe the most productive aspect of the consultancy.

6. What could have been better?

7. Do you think the consultancy will help you achieve your goals?

8. Project Activity Location Data

List the address of all locations where the consultancy 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:
