



**FY2018 Final Report**  
 TranspARTation Grant Program  
**Deadline: 30 days after the project end date**

Grant Number: \_\_\_\_\_ Fiscal Year: **2018**

School Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: **KY** Zip \_\_\_\_\_

Contact Person for this report: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Activity Dates Begin: \_\_\_\_\_ End: \_\_\_\_\_

Number of individuals who directly engaged with the arts through this grant Youth: \_\_\_\_\_ Adult: \_\_\_\_\_

**Financial Report**

**Grant amount awarded by Kentucky Arts Council:** \$ \_\_\_\_\_

**Number of buses used for field trip:** \_\_\_\_\_

**Instructions for Completing Final Report Narrative**

Please respond to each of the narrative items on no more than three standard-size (8 1/2 x 11 inches) single-sided pages with minimum one-inch margins on all sides. Use minimum 11-point type. Standard fonts such as Times, Helvetica, Arial or Courier are recommended.

To assist in reading your narrative, duplicate narrative item and the number of each item before your response. Include complete information for each item, in the order listed, when completing your narrative. Place the school's name and the words "FY2018 TranspARTation Final Report" in the upper right-hand corner of each page. Please note that line spaces between responses to the narrative items make the narrative much easier to read.

**Narrative Report**

Please use a maximum of three pages to briefly describe the arts experience field trip.

- What was the arts experience? Please address how the students and school benefited from the program, how you measured the impact of the program on all participants (teachers and students), and how the trip will continue to be used throughout the school year. You may include any additional evidence of the impact of the TranspARTation Grants such a pictures, newspaper articles or student responses. Please also include any comments about the organization's programming at the end of your narrative.

## 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: \_\_\_\_\_

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Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
# of days activity occurred at this address: \_\_\_\_\_

## Documentation and Credit

- How did you satisfy the Kentucky Arts Council credit requirement? Attach copies of legislative letters, advertisements, newsletters, website links, etc., containing the credit line and logo.
- Describe how state and/or local public officials were made aware of and involved in the program (e.g., photo opportunities, curtain speeches, etc.).

*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 Final Report to:

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