

Kentucky Peer Advisory Network FY2018 Final Report

Deadline: This final report must be completed by the applicant and returned to the Kentucky Arts Council by Dec. 31 (fall) or June 30 (spring). Consultant payment is contingent upon receipt.

1. Org./Artist Name: _____
2. Advisor Name: _____
3. Contact Person: _____
4. Contact's Email: _____ 5. Contact's Phone: _____
5. Consultancy Dates: Begin Date: _____ End Date: _____
6. "In-person" engagement (participants in consultancy) Youth: _____ Adult: _____
7. Number of artists participating: _____
8. Advisor Rating:

Advisor's preparation

Advisor's expertise

Advisor's responsiveness to the artist's or organization's needs

Learning and engagement of people directly impacted by consultancy

Value of the advisor's recommendations

Consultancy's overall effectiveness

Value of the consultancy to your organization

EXPENSE REPORT

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

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

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

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

TOTAL REIMBURSEMENT MADE TO THE ADVISOR \$ _____

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. What was the purpose of the consultancy?**
- 2. What were the conclusions reached at the end of the consultancy?**
- 3. List three benchmarks that the organization/artist has decided to work towards as a result of this consultancy:**
- 4. What do you think was the most productive aspect of the consultancy?**
- 5. What could have been better?**
- 6. Do you think the consultancy will help you achieve your goals?**