

Kentucky Peer Advisory Network FY2019 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 returned to the Kentucky Arts Council via mail.

Preparer's Signature: _____ Date: _____

All signatures must be in *RED* ink.

Type Name: _____ Title: _____

7. 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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of days activity occurred at this address: _____

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