



FY2019 Public Value Report
Arts Access Assistance Grant Program
Deadline: 30 days after the project end date

Grant Number: _____ Fiscal Year: **2019**

Grantee's 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: _____

Number of artists directly involved in this activity: _____

Dollar amount spent on arts education during this grant period: \$ _____

Financial Report

Grant Amount Received: \$ _____

Total Cash Expenses: \$ _____

Total Activity Income: \$ _____

Total Match Contribution: \$ _____

Total Cost of Activity: \$ _____

As you reach the conclusion of your project activities, please respond to the following self-assessment questions, placing your organization's name in the top right hand corner of the page.

1. Impact/Evidence

- What programs and/or services were provided through Kentucky Arts Council funding?
- How did this programming benefit the group identified by the grant program's theme?
- Please provide supporting evidence of this impact (e.g., materials created, attendance figures, anecdotal evidence, number of presentations/performances/workshops, data gathered, financial records, etc.).
- Please provide an itemized breakdown of how Kentucky Arts Council funds were used.

2. Documentation and Credit

- How did you satisfy the Kentucky Arts Council credit requirement? Attach copies of program, advertisements, newsletters, website links, etc., containing the credit line and logo.

3. Project Activity Location Data

List the address of all locations where the programs and 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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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 Public Value Report to:

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