



# Final Report FY04

(Due within 30 days after completion of the grant period)

- 1. Grant Number: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_
- 2. Activity Dates: Begin: \_\_\_\_\_ End: \_\_\_\_\_
- 3. Grantee's Name \_\_\_\_\_
- 4. Mailing Address \_\_\_\_\_
- 5. City \_\_\_\_\_ 6. State \_\_\_\_\_
- 7. County \_\_\_\_\_
- 8. Zip Code - Plus 4 \_\_\_\_\_
- 9. Social Security or FEIN #: \_\_\_\_\_
- 10. Phone Number \_\_\_\_\_
- 11. Contact Person for this Report \_\_\_\_\_
- 12. Contact Person Phone Number \_\_\_\_\_
- 13. Fax Number \_\_\_\_\_
- 14. E-mail Address \_\_\_\_\_

15. Please check the program through which you received your grant. **A separate Final Report form is required for each grant.**

- |   |  |
|---|--|
| <input type="checkbox"/> ArtsStart! Grant Program                               | <input type="checkbox"/> Salary Assistance Grant Program           |
| <input type="checkbox"/> Artists in Residence Grant Program                     | <input type="checkbox"/> Teacher Initiated Grant Program           |
| <input type="checkbox"/> Community Residency Grant Program                      | <input type="checkbox"/> Tour of Kentucky Folk Music Grant Program |
| <input type="checkbox"/> Folk and Traditional Arts Apprenticeship Grant Program | <input type="checkbox"/> Youth Center Initiated Program (YCIP)     |
| <input type="checkbox"/> Folk Arts Project Grant Program                        |  |
| <input type="checkbox"/> Individual Artist Project Grant Program                |  |
| <input type="checkbox"/> Project Grant Program                                  |  |

Please Supply name of artist(s) if ArtsStart!, Artists in Residence (AIR), Teacher Initiated (TIP), or Youth Center Initiated (YCIP) Program, is selected above:

\_\_\_\_\_

- 16 Number of Individuals who Benefited from this Grant \_\_\_\_\_ Youth \_\_\_\_\_ Adult \_\_\_\_\_
- 17 Dollar amount spent on Arts Education \_\_\_\_\_
- 18 Number of Artists Who Participated in this Activity \_\_\_\_\_

## ***Grant Program Activities and Outcomes***

Please attach a description of the activities funded by this grant (one page maximum). Place the grantee's name in the top right hand corner of the page. In your response, please refer to your original application and address the following issues:

1. What were the grant program activities?
2. What were the original activity goals and to what extent were they met?
3. If the activities changed from the original plan, why and how did you change them?
4. If your activities involved partnerships, please describe.
5. How did you evaluate the activities and what was the result of your evaluation? If applicable, how do you plan to build on the program in the future?
6. List and briefly describe the materials, publications or other items developed as a result of this grant (e.g., brochures, slides, photographs, video or audio tapes, handbooks, published guides, listings, resource publications, teacher materials, lesson plans, evaluation instruments, questionnaires, bibliographies). You do not need to enclose these items with your report.
7. How did you satisfy the Kentucky Arts Council credit requirement? Attach copies of programs, advertisements, newsletters, web site links, etc., containing the credit line.



**Grant Activity Financial Report**

**Please Note: ArtsStart!, AIR, TIP and YCIP Grantees do not have to complete the Financial Report.**

Please attach a complete report of the activity income and expenses (one-page maximum), using the following format. Do not include in-kind contributions and expenses, although you may describe these in a budget note. If the actual figures differ substantially from the original budget, please explain in budget notes.

Income	Original Budget	Actual
Kentucky Arts Council Grant		(grant amount)
Matching Funds (list each major source)		
<b>Total Income</b>		

Expenses	Original Budget	Actual
List each line item from the budget in your application.		
<b>Total Expenses</b>		

<b>Net / (Deficit)</b>		
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**Mailing Address for Final Report**

Kentucky Arts Council  
 Old Capitol Annex  
 300 West Broadway  
 Frankfort, KY 40601-1980  
 502-564-3757  
 Toll Free: 888-833-2787

*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 \_\_\_\_\_