

# Interim, Organizational Technical Assistance Dance on Tour & Poetry Out Loud

## *FY2007 Final Report*

**Deadline: 30 days after the completion of the grant period**

Please check the program through which you received your grant:  Poetry Out Loud

Organizational Technical Assistance Grant

Interim Partnership Grant

Interim Grant

Dance on Tour

Interim Administrative Grant

1. Grant Number: \_\_\_\_\_ Fiscal Year: 2007

2. Grantee's Name \_\_\_\_\_

3. Mailing Address \_\_\_\_\_

4. City \_\_\_\_\_ 5. State \_\_\_\_\_ 6. Zip+4 \_\_\_\_\_

7. County \_\_\_\_\_ 8. SS# or FEIN # \_\_\_\_\_

9. Phone Number \_\_\_\_\_ 10. Fax Number \_\_\_\_\_

11. Email Address \_\_\_\_\_

12. **Contact Person** for this report \_\_\_\_\_

13. Phone Number \_\_\_\_\_ 14. Fax Number \_\_\_\_\_

15. Email Address \_\_\_\_\_

16. Activity Dates Begin: \_\_\_\_\_ End: \_\_\_\_\_

17. Number of individuals who benefited from this grant Youth \_\_\_\_\_ Adult \_\_\_\_\_

18. Dollar amount spent on arts education during this grant period \$ \_\_\_\_\_

19. Number of artists who participated in this activity \_\_\_\_\_

20. Financial Report: \_\_\_\_\_

Grant Amount Received \_\_\_\_\_

Total Cash Expenses \_\_\_\_\_

Total Activity Income \_\_\_\_\_

Total In-kind Contribution \_\_\_\_\_

Total Cost of Activity \_\_\_\_\_

*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 \_\_\_\_\_

### ***Mailing Address for Final Report***

Kentucky Arts Council ♦ 500 Mero Street ♦ 21<sup>st</sup> Floor, Capital Plaza Tower ♦ Frankfort, KY 40601-1987 ♦ (502) 564-3757