

Organizational Technical Assistance

FY2009 Final Report

Deadline: 30 days after the completion of the grant period

1. Grant Number: _____ Fiscal Year: 2009 _____

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 _____

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