

**General Operating Support II Grant Program**

***FY2007 Final Report***

**Deadline: July 30, 2007**

1. Grant Number: \_\_\_\_\_ Fiscal Year: 2007
2. Activity Dates Begin: 07/01/2006 End: 06/30/2007
3. Grantee's Name \_\_\_\_\_
4. Mailing Address \_\_\_\_\_
5. City \_\_\_\_\_ 6. State \_\_\_\_\_ 7. Zip+4 \_\_\_\_\_
8. County \_\_\_\_\_ 9. Federal ID # \_\_\_\_\_
10. Phone Number \_\_\_\_\_ 11. Fax Number \_\_\_\_\_
12. Email Address \_\_\_\_\_
13. **Contact Person** for this report \_\_\_\_\_
14. Phone Number \_\_\_\_\_ 15. Fax Number \_\_\_\_\_
16. Email Address \_\_\_\_\_
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 Artist who Participated in this activity \_\_\_\_\_
20. What counties do you serve? \_\_\_\_\_
21. What other states do you serve (if applicable)? \_\_\_\_\_
22. KAC dollars awarded for this activity leveraged \$ \_\_\_\_\_ dollars from other sources
23. List other sources: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

As you reach the conclusion of your General Operating Support II Grant funding period for FY2007, please respond to the following self-assessment questions, on a maximum of two pages, placing your organization's name in the top right hand corner of the page.

**1. Impact/Evidence**

- What public value, or benefits to the community did you provide through KAC funding?
- Please provide supporting evidence of this impact (i.e. materials created, data gathered, financial records, etc.)
- Please describe any significant changes in operations, facility, or staffing which occurred during this grant period.

**2. Documentation and Credit**

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

**Grant Activity 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 General Operating Support II 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  
 Capital Plaza Tower  
 500 Mero Street, 21<sup>st</sup> floor  
 Frankfort, KY 40601-1987  
 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 \_\_\_\_\_