

General Operating Support I 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 I 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 I Grant		(grant amount)
Matching Funds (list each major source)		
Total Income		

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

Net / (Deficit)		
------------------------	--	--

Mailing Address for Final Report

Kentucky Arts Council
 Capital Plaza Tower
 500 Mero Street, 21st 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 _____