

**Arts Build Communities Grant Program**

***FY 05 Final Report***

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

1. Grant Number: \_\_\_\_\_ Fiscal Year: 2005
2. Grantee's Name \_\_\_\_\_
3. Mailing Address \_\_\_\_\_
4. City \_\_\_\_\_ 5. State \_\_\_\_\_ 6. Zip+4 \_\_\_\_\_
7. County \_\_\_\_\_ 8. 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 \$ \_\_\_\_\_
19. Number of Artists 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 Arts Build Communities Grant funding period for FY 2005, 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**

Describe the impact this project had on the community and provide supporting evidence (Note: Evidence may include materials created, survey results or other audience feedback, participant comments, observation, bibliographies, publications, quantitative participation data, etc.). Please address:

- How the project partners worked together to plan and implement the project, and the long-term impact of the partnership
- How the community was involved in the implementation of the project
- The benefits to the community as a result of the project

### **2. Credit**

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 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.

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

<b>Expenses</b>	<b>Original Budget</b>	<b>Actual</b>
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  
 21st Floor, Capitol Plaza Tower  
 500 Mero Street  
 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 \_\_\_\_\_