

# ARTS COUNCIL OF NEW ORLEANS

## Louisiana Decentralized Arts Funding Program Operating Support Final Report

Grant Period: October 1 - September 30

### Grant Recipient Information

Grant Year & Number: FY

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Grant Award: \_\_\_\_\_

E-mail: \_\_\_\_\_

Chief Administrative Officer: \_\_\_\_\_ Phone \_\_\_\_\_

Financial Officer: \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person for Grant: \_\_\_\_\_ Phone \_\_\_\_\_

### EVALUATION OF PROGRAMS AND SERVICES (USE ONLY THE SPACE PROVIDED)

1. List **all programs and services** your organization provided during the grant activity period. For Operating Support, this is a **summary of the organization's overall program activities**. Please indicate dates and locations.

#### *For Office Use Only:*

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_____ Copies of checks	_____ Photographs	_____ Complete
_____ Invoices/receipts	_____ Samples of promotional material	_____ Signatures
_____ Expenditure Form	_____ Copies of reviews, etc.	_____ Budget totals
_____ Required crediting	_____ Number artists/people served	_____ Audited Statement

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5. How were elected officials (state and local) notified of your activities? Did they attend or respond?

**PERFORMANCE INDICATORS**

- 6. Total number of performances during the grant period: \_\_\_\_\_
- 7. Total number of artist residency activities during the grant period: \_\_\_\_\_
- 8. Total number of individuals (audience and participants) who benefited from services during this grant: \_\_\_\_\_
- 9. Total **number of artists participating** in programmatic activities during the grant period: \_\_\_\_\_
- 10. Total **number of artists paid** during the grant period: \_\_\_\_\_ Total **Paid to Artists:** \_\_\_\_\_

11. Check the categories which describe the characteristics of a significant number (25% or more) of the artists involved.

- |                                  |  |                              |
|----------------------------------|--|------------------------------|
| _____ G General (Adult, General) | _____ E Mentally or Psychologically Impaired | _____ C Child                |
| _____ N American Indian/Alaskan  | _____ D Hearing Impaired                     | _____ U College/Univ.Student |
| _____ A Asian/Pacific Islander   | _____ Q Visually Impaired                    | _____ S Senior Citizen       |
| _____ B Black, Not Hispanic      | _____ P Otherwise Physically Impaired        | _____ Y Secondary Student    |
| _____ W White, Not Hispanic      | _____ I Institutionalized (Not Correctional) | _____ F Woman                |
| _____ H Hispanic                 | _____ J Institutionalized (Correctional)     | _____ V Veteran              |

12. Provide the **number** of individuals in special audiences that benefited from services during this grant.

- |                      |                             |
|----------------------|-----------------------------|
| _____ Age 18 & Under | _____ Physically Challenged |
| _____ Age 65 & Over  | _____ Economically Deprived |
| _____ Minorities     | _____ Other (specify) _____ |

13. Check the categories which describe the characteristics of a significant number (25% or more) of the individuals benefiting.

- |                                  |  |                              |
|----------------------------------|--|------------------------------|
| _____ G General (Adult, General) | _____ E Mentally or Psychologically Impaired | _____ C Child                |
| _____ N American Indian/Alaskan  | _____ D Hearing Impaired                     | _____ U College/Univ.Student |
| _____ A Asian/Pacific Islander   | _____ Q Visually Impaired                    | _____ S Senior Citizen       |
| _____ B Black, Not Hispanic      | _____ P Otherwise Physically Impaired        | _____ Y Secondary Student    |
| _____ W White, Not Hispanic      | _____ I Institutionalized (Not Correctional) | _____ F Woman                |
| _____ H Hispanic                 | _____ J Institutionalized (Correctional)     | _____ V Veteran              |

**FINANCIAL INFORMATION**

Provide a breakdown of your organization's operating budget for its fiscal year **completed during the period of the grant. Include grant cash and all other cash.**

Organization's Fiscal Year Dates: \_\_\_\_\_

**REVENUE (INCOME)**

**Earned Income**

Admissions ----- \$ \_\_\_\_\_  
 Contracted Services Revenues ----- \$ \_\_\_\_\_  
 Other Earned Income ----- \$ \_\_\_\_\_

**Private Income**

Corporate Support ----- \$ \_\_\_\_\_  
 Foundation Support ----- \$ \_\_\_\_\_  
 Other Private Support ----- \$ \_\_\_\_\_

**Public Support**

Arts Council of New Orleans - **Decentralized Grant**----- \$ \_\_\_\_\_  
 Arts Council of New Orleans - Community Arts Grant ----- \$ \_\_\_\_\_  
 Louisiana Division of the Arts (do not include Decentralized Grant)----- \$ \_\_\_\_\_  
 National Endowment for the Arts ----- \$ \_\_\_\_\_  
 National Endowment for the Humanities ----- \$ \_\_\_\_\_  
 Other Federal Support ----- \$ \_\_\_\_\_  
 Southern Arts Federation ----- \$ \_\_\_\_\_  
 LA Endowment for the Humanities ----- \$ \_\_\_\_\_  
 Parish/Municipal Support ----- \$ \_\_\_\_\_  
 School Board ----- \$ \_\_\_\_\_  
 Other (specify): \_\_\_\_\_ \$ \_\_\_\_\_

**Total Cash Income** ----- \$ \_\_\_\_\_

**EXPENDITURES (EXPENSES)**

	<b>Decentralized Grant</b>	<b>Cash Match</b>	<b>Total</b>
Administrative Staff (personnel)	\$ _____	\$ _____	\$ _____
Artistic Staff (personnel)	_____	_____	_____
Technical Staff (personnel)	_____	_____	_____
Outside Artistic Fees	_____	_____	_____
Other Outside Professional Fees	_____	_____	_____
Space Rental	_____	_____	_____
Travel	_____	_____	_____
Marketing/Printing	_____	_____	_____
Equipment Rental/Purchase	_____	_____	_____
Supplies and Materials	_____	_____	_____
Postage and Telephone	_____	_____	_____
Utilities	_____	_____	_____
Other (specify): _____	_____	_____	_____
<b>Total Expenses</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**IN-KIND (Specify)** \_\_\_\_\_ \$ \_\_\_\_\_

**REQUIRED ATTACHMENTS**

1. Evidence that all grant funds were expended appropriately. Grantees must provide either an audited financial statement for the period of grant activity, or the Final Report Expenditure Form with provider documents AND payment documentation. Provider documents are invoices, contracts or receipts that are to be provided ALONG WITH eligible payment documentation including copies of cancelled checks (front & back), bank statements showing cancelled checks, credit card statements, or evidence of receipt of payment. Only grant funds need to be documented. Expenditure documentation must total (or be slightly greater than) the grant award to receive the final payment amount due. Grantees should **compile the documentation as described in the Final Report Expenditure Form instructions.**
2. Samples of materials including proper crediting to the Louisiana Division of the Arts and the Arts Council of New Orleans with appropriate logos, as stipulated in your Letter of Agreement. Credit lines and logos are **required** on program and promotional materials including, but not limited to, mailings, printed programs for events and performances, posters, press releases, and electronic media publicity.
3. Copies of press releases, newspaper coverage or similar printed reports of activities carried out under this grant.
4. Images of grant-sponsored activities (at least 4) – either traditional prints on photographic paper or digital images submitted on a disk. The images may be used in Arts Council of New Orleans or Louisiana Division of the Arts publications and should be suitable for that purpose.

**ASSURANCES**

We, the undersigned, hereby certify that to the best of our knowledge all facts, figures and representations in the final report are true and correct; that all art programs or services were completed in accordance with terms and conditions set forth in the letter of agreement with the Arts Council; and that funds from this grant were used solely for the implementation of the programs and services described in the report within the grant guidelines set forth by the Arts Council of New Orleans.

**BOARD PRESIDENT**

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**DIRECTOR/MANAGER**

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_