

ARTS COUNCIL OF NEW ORLEANS

Louisiana Decentralized Arts Funding Program

Project Assistance Final Report

Grant Period: October 1 - September 30

Grant Recipient Information

Grant Year & Number: _____

Name:

Address:

Telephone:

Fax:

Email: _____

Project Title/Description:

Grant Award:

Grant Amount Expended: \$ _____

Chief Administrative Officer: _____ Phone _____

Financial Officer _____ Phone _____

Contact Person for Grant _____ Phone _____

PROJECT EVALUATION (USE ONLY THE SPACE PROVIDED)

1. Describe the project funded under this grant. Include specifics such as dates and locations of activities, names of artists involved, and audience or participants.

For Office Use Only:

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

2. What were the most successful elements of the project?

3. Did you experience any problems in administering the arts project? Yes No
If yes, what would you do differently in the future? What kind of assistance would you benefit from and what else could the Arts Council of New Orleans do for you?

4. Did the completed project differ from the grant agreement? Yes No If yes, how?

5. What methods were used to promote the project to the public? Check all that apply.

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Press Releases | <input type="checkbox"/> Neighborhood Posters | <input type="checkbox"/> TV Ad or PSA |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Street Banners | <input type="checkbox"/> Newspaper Ad |
| <input type="checkbox"/> Invitation | <input type="checkbox"/> Meeting or Presentation | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Flyers | <input type="checkbox"/> Radio PSA | <input type="checkbox"/> Other: _____ |

6. What methods were used to evaluate the project? Please comment on whether you were successful reaching your intended audience and/or any outreach goals.

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

PERFORMANCE INDICATORS

8. Project Activity Dates: _____

9. Number of Performances (if applicable): _____ Number of Residency Activities (if applicable): _____

10. Number of **artists involved** in implementation of project: _____

11. Number of **artists employed** for project: _____ Total **amount paid to artists** for project: \$ _____

12. Check the categories which describe the characteristics of a significant number (25% or more) of **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 |

13. Total number of **individuals** (audience and participants) **who benefited** from services under this grant: _____

14. 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) _____ |

15. 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 |

PROJECT EXPENDITURES *(Activity Period: October 1- - September 30)*

Provide a breakdown of **grant-funded** expenditures for this project.

Personnel - Administrative	_____
Personnel - Artistic	_____
Personnel - Technical	_____
Fiscal Agent Fees (8% of grant to maximum of \$150)	_____
Utilities	_____
Outside Artistic Fees <i>(Artists hired for project)</i>	_____
Outside Other Fees <i>(Others hired for project)</i>	_____
Space Rental	_____
Travel	_____
Marketing/Printing	_____
Equipment Rental	_____
Supplies and Materials	_____
Postage	_____
Insurance	_____
Other (specify) _____	_____
_____	_____

TOTAL GRANT FUND EXPENDITURES	_____
Other cash support *	_____
TOTAL PROJECT COST (CASH)	_____
In-kind support *	_____
TOTAL PROJECT COST (IN-KIND SUPPORT AND CASH EXPENDITURES)	_____

** If you secured and spent additional funds and/ or in-kind donations to implement your project please list that information. This information is forwarded to the LDOA to document local support for the arts. Receipts and documentation are required **only** for the grant award.*

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 promotional 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. A copy of the final product of a media or literary project which includes the grant crediting.
5. 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 of New Orleans; and that funds from this grant were used solely for the implementation of the programs and services described in the report within the guidelines set forth by the Arts Council of New Orleans.

AUTHORIZING OFFICIAL

Board Officer/Executive Director /Principal

Signature _____
 Typed Name _____
 Date _____
 Phone _____
 E-mail _____

PROJECT DIRECTOR

Signature _____
 Typed Name _____
 Date _____
 Phone _____
 E-mail _____