

# ARTS COUNCIL OF NEW ORLEANS

## Louisiana Decentralized Arts Funding Program Technical Assistance Final Report

Grant Period: October 1 - September 30

### Grant Recipient Information

#### Grant Year & Number: FY

Recipient Name:

Address:

Telephone:

Fax:

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

Description of Grant Activity:

Grant Award:

Grant Amount Expended: \$ \_\_\_\_\_

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

Phone \_\_\_\_\_

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

Phone \_\_\_\_\_

Project Director/Contact Person: \_\_\_\_\_

Phone \_\_\_\_\_

### EVALUATION OF TECHNICAL ASSISTANCE PROVIDED (USE ONLY THE SPACE PROVIDED)

1. Describe the technical assistance made possible with this grant. Give detailed information about the consultancy, training, or conference attended, including where and when activities took place and who participated.

*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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2. What were the useful outcomes of the technical assistance? Please attach the consultant's summary report, conference agenda, or workshop materials.

3. Did the training or consultancy meet your needs and expectations?  Yes  No  
If no, what additional technical assistance would you benefit from?

4. How will this new knowledge be used and by whom?

**EXPENDITURES (EXPENSES)**

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

- Personnel - Administrative \_\_\_\_\_
- Personnel – Artistic \_\_\_\_\_
- Personnel - Technical \_\_\_\_\_
- Fiscal Agent Fees (8% of grant to maximum of \$150) \_\_\_\_\_
- Utilities \_\_\_\_\_
- Workshop/Conference Fees \_\_\_\_\_
- Outside Professional Fees \_\_\_\_\_
- Space Rental \_\_\_\_\_
- Travel/Per Diem \_\_\_\_\_
- 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**  
**(Cash Expenditures & In-Kind Support)** \_\_\_\_\_

*\*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. A copy of the consultant’s summary report and/or end product, a conference agenda, or workshop materials, as appropriate.
3. Samples of any printed materials generated that include crediting to the Louisiana Division of the Arts and the Arts Council of New Orleans with appropriate logos, i.e., newsletter articles, press releases, or letters to board members or constituents concerning the grant.

**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 President)

**PROJECT DIRECTOR**

Signature \_\_\_\_\_

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

Date \_\_\_\_\_

Phone \_\_\_\_\_

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

Signature \_\_\_\_\_

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

Date \_\_\_\_\_

Phone \_\_\_\_\_

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