

## ARTS JOB PRESERVATION GRANT REPORT – FY2010

**Deadlines:** 1<sup>st</sup> report due – **January 5, 2010**      2<sup>nd</sup> report due – **April 1, 2010**  
3<sup>rd</sup> report due – **July 1, 2010**      4<sup>th</sup> report due – **October 1, 2010**  
FINAL report due – **November 19, 2010**

Submit completed report via email or fax by scheduled due date to [jreynolds@artscouncilofneworleans.org](mailto:jreynolds@artscouncilofneworleans.org); followed by one signed hard copy to Joycelyn L. Reynolds, Arts Council of New Orleans, 818 Howard Avenue, Suite 300, New Orleans, LA 70113.

### GRANTEE INFORMATION

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

Grant # FY10-\_\_\_\_\_ Tax ID# \_\_\_\_\_ DUNS # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Person/Title \_\_\_\_\_

Telephone \_\_\_\_\_ Contact Email \_\_\_\_\_

Total Grant Amount \$ \_\_\_\_\_

Number of jobs this Arts Job Preservation Grant has provided funds for: \_\_\_\_\_

### SUMMARY INFORMATION: Fill out for **each** position funded through this grant. Copy this page as needed.

Reporting for:       1<sup>st</sup> report (Nov. 1 – December 31, 2009)       2<sup>nd</sup> report (January 1 – March 31, 2010)  
                          3<sup>rd</sup> report (April 1 – June 30, 2010)       4<sup>th</sup> report (July 1 – Sept. 30, 2010)  
                          FINAL report (October 1 - 31, 2010)

Title of Position Funded: \_\_\_\_\_

Name of employee or contractor: \_\_\_\_\_

Salaried position is considered  Full-time  Part-time Annual salary of position \$ \_\_\_\_\_

#### OR

Contracted position or artistic engagement:

Total estimated hours of contract: \_\_\_\_\_

Total contract amount: \$ \_\_\_\_\_

### Provide for the period covered by this report **ONLY**:

**Total** number of employee hours worked \_\_\_\_\_ Hours worked to be paid by this grant \_\_\_\_\_

Was position filled the entire period of this report?  Yes  No

If no, give start date: \_\_\_\_\_ **and** end date: \_\_\_\_\_

Amount of grant expended for this reporting period \$ \_\_\_\_\_

Were all **grant** funds used for salary/fees?  Yes  No If no, how were funds spent?  
\_\_\_\_\_

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

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## NARRATIVE

Briefly describe employee's or contractor's activities during the period of this report. Specifically name activities the organization was able to continue or undertake because this position was reinstated, retained or fully restored. (Use only the space provided to answer this question).

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## PERSONNEL ACTIVITY REPORT

Please complete the Personnel Activity Report attached for the staff position or contractor funded with your Arts Job Preservation Grant. In preparing the report, please note the following:

- The report must be based on an after-the-fact determination of the actual activities of the employee or outside artist (i.e. these cannot be estimated in advance). For example, the distribution of time could be determined based on notes from personnel timesheets, calendars and/or reasonable estimates of time spent on various activities. See example of Time and Effort Report (<http://www.arts.gov/manageaward/recovery/OrgPersonnelActivity.pdf>).
- All of the compensated time of the employee or outside artist must be accounted for in this report. This includes time spent on activities in addition to the ARRA-grant supported activities, as well as leave (e.g. sick, vacation and holidays), administrative duties, etc.
- The report must coincide with one or more pay periods and be used to reconcile salary and fringe benefit costs to appropriate accounts on a regular (at least monthly) basis.
- Federal funds, including **Recovery Act** funds, cannot be used for fundraising.
- The email version of this report submitted to our office does not have to be signed but the hard copy submitted to our office **must** be signed by an authorizing official.

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

**PERSONNEL ACTIVITY REPORT (Complete this page for each grant-funded position.)**

<b>Employee/Contractor Name:</b>		
<b>Report Ending Date:</b>		
Hours worked for this period of reporting:		
<i>Activity</i>	<i>Distribution of Time</i>	
ARRA grant-funded activities (Name)	Dollars	Percentage
		%
		%
		%
Activities not supported with ARRA grant dollars:		
Fundraising		%
Administrative		%
		%
Leave:		
Sick		%
Vacation		%
Other (specify)		%
<b>Total (must equal 100%)</b>		<b>(100%)</b>

**AUTHORIZED OFFICIAL CERTIFICATION**

The undersigned certifies that the information contained in this report is true and correct to the best of his or her knowledge and that all expenditures were incurred solely for the purpose of this grant.

Authorized Official Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_