

09/2015

COLUMBUS ARTS COUNCIL, INC.
P.O. Box 869
Columbus, MS 39703
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**FINAL GRANT REPORT
For Community Arts Grant**

**Please submit this application at the end of your project or no later than April 30 of each year
Electronic copy of this report can be found at <http://www.columbus-arts.org/grants/>**

- Copy as needed.
- Please type.

1. **Organization** _____

2. **Mailing Address** _____

3. **Project Coordinator** _____

4. **Day Phone** _____ **e-mail** _____

5. **Year Organization Founded** _____ **Project End Date** _____

6. **Total Amount of Expenses** _____ **Amount of Funds Received from CAC** _____

7. Narrative Description

**Please let us know about your project, using the following questions as a guide.
Explain in 1-3 pages.**

- Briefly describe your organization in terms of mission, structure, major sources of funding and the community you serve.
- Please address the original goals of this project in measurable terms. Identify if you met your goals and if you did not please explain why.
- Please describe the strategies you used to achieve your goals. How did you publicize your events and successes?
- How did your group reflect the community it serves? How did you make your activities accessible to all people in the community? What steps did you take to include the economic and racial diversity of your community in your project?
- What were the qualifications of the artists involved? What measures were taken to insure high artistic standards from all participants?
- What kind of support did you receive from the community you serve?

PROJECT BUDGET: Your fiscal year begins (month/day) ___/___ and ends (month/day) ___/___

8. Fill out budget according to actual income and expenses related to the actual budget.

CASH EXPENSES

	Cash Match	CAC Grant	Total
Personnel:			
1. Administrative			
2. Artistic			
3. Technical/ Production			
Outside Fees:			
4. Artistic			
5. Other			
Other:			
6. Space Rental			
7. Travel			
8. Marketing			
Remaining Expense:			
9. Phone/Postage			
10. Rentals			
11. Supplies			
12. Insurance			
13. Other			
14. Capital Expenditures			
15. Total Expenses:			

CASH INCOME

	Cash	In-Kind**	Total
Revenue			
1. Admissions			
2. Contracted Services			
3. Other Revenue			
Support			
4. Corporate			
5. Foundation			
6. Other Private			
Government Support			
7. Federal			
8. State/Regional (other than this grant)			
9. County/ Municipal			
10. Applicant cash			
11. Subtotal Cash Income			
12. CAC Grant			
13. Total Income:			

INKIND CONTRIBUTIONS (Do not add to the Cash Income or Cash Expenses of your budget.)	TOTAL
Services Rendered/Materials Contributed	
Total In-Kind Contributions	

9. Briefly describe the actual audience and participants.

	Actual Number	% White	% Native American	% African American	% Asian	% Hispanic	Total
Staff	%	%	%	%	%	%	=100%
Artists Taking Part in Activities	%	%	%	%	%	%	=100%
Audience	%	%	%	%	%	%	=100%
Population of Community	%	%	%	%	%	%	=100%

Checklist

Before you submit your final Report, double-check to make sure that you:

- used the correct form
- filled in all the appropriate blanks
- completed your budget page
- answered all narrative questions
- obtained original signatures (in ink) from the authorizing official and project director
- attached any appropriate supplementary materials such as one copy of a letter to your legislator, sample promotional materials, and other items like programs and surveys. Please be selective. We welcome photographs but they will not be returned
- attached your IRS letter granting tax exemption

The Authorizing Official and Project Director hereby certify that the information contained in this final report, including all attachments, is true and correct to the best of our knowledge.

*Authorizing Official signature (in ink) _____ Date _____

Name & Title _____ Day phone _____

Project Director signature (in ink) _____ Date _____

Name _____ Day phone _____