

# Final Report: Artist Minigrant

1. Artist's Name: \_\_\_\_\_ 2. Grant Number: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

4. City: \_\_\_\_\_ 5. Zip: \_\_\_\_\_

6. Artist's phone: \_\_\_\_\_ 7. email: \_\_\_\_\_

8. Project start date (month/day/year): \_\_\_\_\_ End date (month/day/year): \_\_\_\_\_

9. Did you make any significant changes in your project from what was described in your application?  Yes  No

10. If you made significant changes, did you submit a grant change form before you made the changes?  Yes  No

11. Was MAC credited in materials and publicity related to the project?  Yes  No

12. Did you inform your state legislators about your grant?  Yes  No

13. Project Documentation: What kinds of documentation of your project can you make available to MAC, if needed?  photographs  video  audio

14. How did you publicize your project?

## 15. Project Expenses

List the expenses for your project that were paid through the grant. **Attach receipts for these activities to your report**, showing that the entire grant amount was spent.

<i>Description of Activity or Purchase</i>	<i>Amount</i>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
<b>Total Expenses:</b>	

## **Artist Minigrant - Project Description**

Provide a description of your project, including the goal of the project, your main activities, the names and roles of others who were involved (such as a designer or other professional contractor), and how the project helped to expand your work as a professional artist.

In addition, If you:

- developed promotional materials, describe the audience targeted with the materials and how successful you were in reaching them. **Please attach a copy of the item that was created (if it is digital, include website address for item).**

- attended a professional development opportunity, describe the new skills you gained through the event. **Please attach a copy of the conference or workshop program.**

- purchased artistic supplies, describe what new work you were able to accomplish with them  
Attach additional pages, if needed

## **CERTIFICATION**

*The Artist certifies that the information contained in this report, including all attachments, is true and correct to the best of their knowledge.*

**Artist's signature** (in ink) \_\_\_\_\_ **Date** \_\_\_\_\_

Submit this form and supporting materials to MAC within 30 days of finishing your project or by May 15th, whichever comes first. Send it to:

**Mississippi Arts Commission, 501 North West Street, Suite 1101A, Woolfolk Building,  
Jackson, MS 39201**

## Project Activity Location Report

Grantees must complete this form listing each location associated for Project Grants, Minigrants, and Folk Arts Apprenticeship, and Link Up Grants.

For each event location/venue associated with this grant, please list the following information:

\_\_\_\_ Number of days on which activities occurred at this venue

\_\_\_\_\_

Venue Street Address (Not P.O. Box)

\_\_\_\_\_

Venue City, State, Zip Code

\_\_\_\_ Type of Activity (use the number listed in the table above)

\_\_\_\_ Number of days on which activities occurred at this venue

\_\_\_\_\_

Venue Street Address (Not P.O. Box)

\_\_\_\_\_

Venue City, State, Zip Code

\_\_\_\_ Type of Activity (use the number listed in the table above)

\_\_\_\_ Number of days on which activities occurred at this venue

\_\_\_\_\_

Venue Street Address

\_\_\_\_\_

Venue City, State, Zip Code

\_\_\_\_ Type of Activity (use the number listed in the table above)

\_\_\_\_ Number of days on which activities occurred at this venue

\_\_\_\_\_

Venue Street Address

\_\_\_\_\_

Venue City, State, Zip Code

\_\_\_\_ Type of Activity (use the number listed in the table above)

\_\_\_\_ Number of days on which activities occurred at this venue

\_\_\_\_\_

Venue Street Address

\_\_\_\_\_

Venue City, State, Zip Code

\_\_\_\_ Type of Activity (use the number listed in the table above)

\_\_\_\_ Number of days on which activities occurred at this venue

\_\_\_\_\_

Venue Street Address

\_\_\_\_\_

Venue City, State, Zip Code

**Mississippi Arts Commission  
Artist Minigrant  
Request for Payment  
Request 1 of 1**

---

Grant Number:

Grantee Social Security Number:

Grantee Name and Address:

**Type of Payment:**     Direct Deposit                       Paper Check\*

*\*Please note, the Mississippi Department of Finance and Administration (DFA) requires all MAC grantees to receive their grant payments through direct deposit (electronic payment). If your organization is unable to receive payments electronically, you must request an exemption directly from DFA to receive a paper check (see: <http://www.dfa.state.ms.us/Content/Rules/MANDATORYE-PAYMENTSTOVENDORS.pdf> on how to request an exemption)*

---

Total Grant Award:

Less Cash Requested to Date:

    Received:

    This Request:

Total:

Remaining Grant Award Balance:

---

**Certification:**

*I hereby certify that the services covered by this request have not been received from the Federal Government or expended for such services under any other contract agreement or grant. The amount(s) requested will be expended for allowable cost/expenditures under the terms of the contract agreement or grant. Amounts requested herein do not exceed the total funds obligated by contract, and funds are requested only for immediate disbursement needs.*

\_\_\_\_\_

[signed]

\_\_\_\_\_

Date

**MAC Use Only:**

Vendor No. \_\_\_\_\_ Fund No. \_\_\_\_\_

Object Code \_\_\_\_\_ Federal Grant \_\_\_\_\_ Full Grant Program \_\_\_\_\_

MAC Approval \_\_\_\_\_ Date \_\_\_\_\_