

# Final Report: Folk Arts Apprenticeship

Please fill out this form using Adobe Acrobat Reader (available for free at [www.adobe.com](http://www.adobe.com)). The Master Artist and Apprentice should fill out this report together.

1. Master Artist's Name: \_\_\_\_\_ Grant Number: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. City: \_\_\_\_\_ 4. Zip: \_\_\_\_\_
5. Master Artist's phone: \_\_\_\_\_ 6. email: \_\_\_\_\_
7. Apprentice's Name: \_\_\_\_\_
8. Mailing Address: \_\_\_\_\_
9. City: \_\_\_\_\_ 10. Zip: \_\_\_\_\_
11. Apprentice's phone: \_\_\_\_\_ 12. email: \_\_\_\_\_
13. When did your project begin (month/day/year)?: \_\_\_\_\_ end?: \_\_\_\_\_
14. How often did you meet? \_\_\_\_\_
15. How long were the meetings? \_\_\_\_\_
16. Total number of meetings: \_\_\_\_\_

## Final Project Budget

Final Project Budget	Amount
1. Master Artist's Fee	
2. Supplies and materials needed (please list):	
3. Apprentice Mileage:   trips of       miles x .51 per mile	
4. Total Project Expenses (cannot exceed \$2,000):	

## **17. Project Description**

Describe your apprenticeship activities, including the elements of the tradition that were taught and the apprentice's ability to learn from the Master Artist. Include information on any unexpected activities that came as a result of the apprenticeship (for example, public performances, presentation of items created through the project at local festivals or museums, or new students approaching the Master Artist to request their own apprenticeship). Attach additional pages if you need more space.

**The Master Artist and Apprentice must each provide answers to the following questions about the project:**

**18. What did you learn or gain from participating in the apprenticeship?**

***Master Artist:***

***Apprentice:***

**19. What are some ways that the Folk Art Apprenticeship Program can be improved?**

***Master Artist:***

***Apprentice:***

**CERTIFICATION**

*The Master Artist and the Apprentice both certify that the information contained in this report, including all attachments, is true and correct to the best of our knowledge.*

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

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

Submit this form and some supporting materials that show evidence the project was completed (photographs or video showing the Master Artist and Apprentice working together) to MAC within 30 days of finishing your project or by May 15th, whichever comes first. Send the form 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  
Folk Arts Apprenticeship  
Request for Payment  
Request 2 of 2**

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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 you are 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)*

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Total Grant Award:

Less Cash Requested to Date:

    Received:

    This Request:

Total:

Remaining Grant Award Balance:

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**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.*

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[signed]

Date

**MAC Use Only:**

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

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

Object Code \_\_\_\_\_

Federal Grant \_\_\_\_\_

Full Grant Program \_\_\_\_\_

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

Date \_\_\_\_\_