

# Final Report: Minigrant for Organizations



1. Organization Name: \_\_\_\_\_ 2. Grant No: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_ 4. City: \_\_\_\_\_

5. Zip: \_\_\_\_\_ 6. Project Director: \_\_\_\_\_

7. Project Director's phone: \_\_\_\_\_ 8. e-mail: \_\_\_\_\_

9. Project start date (month/day/year): \_\_\_\_\_ 10. End date (month/day/year): \_\_\_\_\_

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

12. If you made significant changes, did you submit a Grant Change Form and get approval from MAC before you made the changes?  Yes  No

13. Was MAC credited in your printed materials and publicity? (include a sample copy)  Yes  No

14. Did you inform your local legislators about your grant? (include a sample of correspondence)  Yes  No

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

16. How did you publicize your project?

17. **Attendance Itemization:** Please refer to the Attendance Itemization submitted as part of your Minigrant application. Provide your projected figures from the application along with the actual figures from the project. **Do not count participants attending the same event more than once:**

Projected Attendance			Actual Attendance			
Type of project funded by the grant	Number of events you projected for this year	Number of attendees you projected for this year	Total number of events this year	Total of adults who took part in this event	Total of youths under 18 who took part this year	Total of all attendees who took part this year
Performance						
Workshop or Class						
Consultation						
Conf. Fees & Travel						
<b>Total</b>						

# BUDGET REPORT

Your organization's fiscal year begins (month/day): \_\_\_\_\_ and ends (month/day): \_\_\_\_\_

18. Cash Expenses		Cash match	MAC grant	Total
1. Outside fees (contractors):	Artistic			
	Consultant			
2. Travel:	*Transportation			
	*Conference Registration			
	*Lodging			
3. Other (please specify):				
4. Total cash expenses (must not exceed Total Cash Income):				

\*Include a copy of paid receipts for travel, registration, and lodging.

19. Cash Income		Cash	In-Kind*
1. Revenue:	Admissions		
	Earned Income		
	Other revenue		
2. Private-sector support:			
3. Government support:	Federal		
	State or Regional (other than MAC grants)		
	County		
	Municipal		
4. Grantee cash:			
5. Portion of the grant already received:			
6. Remainder of the grant due:			
7. Total Income (must be equal to or greater than your Total Cash Expenses)			

\*Defined as the cash value of goods and services contributed by sources other than the grantee organization, such as work done by volunteers or donated office space. You must be able to produce records of in-kind contributions.

## 20. Narrative Review Attachment

Please describe the outcomes of your project by answering the following questions in a narrative statement. Group your answers under the headings presented below. The document should be no longer than **two** pages total. Please format it using a minimum 12 point font size and one inch margins on all sides of the pages.

### A. Goals and Outcomes

- What were your goals for the project? Did you achieve them?
- What outcomes did you see happen as a result of this grant? Were there any unexpected outcomes?

### B. Quality of Project Activities and Their Artistic Excellence

- Describe the main activities of the project.
- How did you promote and evaluate the project?
- If the grant was for a project that was not an actual arts activity, how will it support high artistic quality in future work?

### C. Public Participation and Access

- How did you make your project accessible to all the people in your community, especially those who are traditionally underserved by the arts?
- How did you include the public in the planning and evaluation of your project?

### D. Ability to Carry out the Project

- Describe your community's support of your project. What were the indications that community members supported it?
- What were the main successes and challenges of the project?
- What changes will you make if you do the project again?

## FINAL STATISTICS

21. In your best estimation - select all categories that made up 25% or more of the **population that directly benefited by race/ethnicity**, excluding broadcasts or online programming:

- American Indian/Alaska Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian/Other Pacific Islander
- White

No single racial/ethnic group made up more than 25% of the population directly benefiting

22. In your best estimation - select all categories that made up 25% or more of the **population that directly benefited by age group**, excluding broadcasts or online programming:

- 1 – Children/Youth (0-18 yrs.)
- 2 – Young Adults (19-24 yrs.)
- 3 – Adults (25-64 yrs.)
- 4 – Older Adults (65+ yrs.)
- 9 – No single group made up more than 25% of the population directly benefiting

23. In your best estimation, select all categories that made up 25% or more of the **population that directed benefited by distinct groups**, excluding broadcasts or online programming:

- D – Individuals with disabilities
- I – Individuals in institutions
- P – Individuals below poverty line
- E – Individuals with limited English proficiency
- M – Military veterans / Active duty personnel
- Y – Youth at Risk
- G – No single distinct group made up more than 25% of the population directly benefiting

24. How many individuals received newsletters, announcements, or other promotional materials supported by this grant? 24. \_\_\_\_\_

25. How many schools benefited from performances, demonstrations, teacher training, or other services supported by this grant? 25. \_\_\_\_\_

### 26. Paid personnel

a. How many people were paid for services related to the project? 26a. \_\_\_\_\_

b. Of this number, how many were artists? 26b. \_\_\_\_\_

### 27. Volunteer personnel

a. How many people did volunteer work on your project? 27a. \_\_\_\_\_

b. Of this number, how many were artists? 27b. \_\_\_\_\_

28. **Arts Education projects only:** How many teachers, educators, and administrators received training through this grant?

K-5 Teachers:

6-12 Teachers:

Arts Specialists:

Administrators:

Total: 28. \_\_\_\_\_

29. Did any aspect of this project, regardless of the program area, offer training for teachers?

- Yes       No

30. If yes, briefly describe (in one to two sentences) the training that was offered:

# **Minigrant for Organizations - Artist/Consultant Evaluation Form**

Please complete the following evaluation for each artist, group or consultant that was paid through you MAC Minigrant. For grantees who presented more than one artist with their grant, an additional blank evaluation form can be downloaded from the "Forms and Resources" page on the MAC website ([www.arts.ms.gov/grants/formsandresources.php](http://www.arts.ms.gov/grants/formsandresources.php))

1. Name of Artist/Group/Consultant: \_\_\_\_\_

2. Was this the first time your organization hired this individual (or group)?  Yes  No

3. Please rate the artist or consultant in the following areas and include any relevant comments (check one box per item):

	Poor	Below Average	Above Average	Superior
<b>a. Communication Prior to Session</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*The artist or consultant was professionalism prior to their presentation, including promptly answering phone calls or emails, sending adequate promotional or prep materials, and clearly explaining the terms of their contract (including providing a clearly written agreement). The artist was also knowledgeable about MAC's grant programs*

Comments:

	Poor	Below Average	Above Average	Superior
<b>b. Preparation &amp; Punctuality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*The artist or consultant was punctual, came prepared with all items needed for their presentation and was ready to begin at their allotted time.*

Comments:

	Poor	Below Average	Above Average	Superior
<b>c. Artistic Quality and/or Knowledge</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*The artist displayed high artistic quality and was effective in presenting their art form OR the consultant demonstrated mastery of the subject area and was effective in communicating their material.*

Comments:

	Poor	Below Average	Above Average	Superior
<b>d. Communication with Audience</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*The artist was effective in communicating with the audience. For example, if a student audience, the artist tailored their presentation for the group.*

Comments:

4. Would you hire this artist or consultant again?  Yes  No

5. Would you recommend them to another organization?  Yes  No

## CHECKLIST

Before you submit your Final Report, make sure that you have:

- Completed all components of the Minigrant for Organizations Final Report Form
- Answered the narrative review questions in an attached document
- Completed an evaluation form for each Roster Artist or consultant who was paid through your Minigrant
- Attached appropriate supplementary materials, such as sample programs, teacher guides, or letters to your state legislators about the project.
- Obtained original signatures from the Authorizing Official and Project Director (below).
- Conference attendees must include the conference workshop agenda, a copy of paid receipts for travel, lodging, and registration.

## CERTIFICATION

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

**Authorizing Official signature\*** (in ink) \_\_\_\_\_ **Date** \_\_\_\_\_

Print Name: \_\_\_\_\_

**Project Director signature** (in ink) \_\_\_\_\_ **Date** \_\_\_\_\_

Print Name: \_\_\_\_\_

*\*The Authorizing Official should be the same official who signed your grant application and grant contract. If there has been a change, please document it on a MAC Grant Change Form and submit with the report.*

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

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

\_\_\_\_\_  
\_\_\_\_\_  
Venue Street Address (Not P.O. Box)

\_\_\_\_\_  
\_\_\_\_\_  
Venue City, State, Zip Code

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

\_\_\_\_\_  
\_\_\_\_\_  
Venue Street Address

\_\_\_\_\_  
\_\_\_\_\_  
Venue City, State, Zip Code

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

\_\_\_\_\_  
\_\_\_\_\_  
Venue Street Address

\_\_\_\_\_  
\_\_\_\_\_  
Venue City, State, Zip Code

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

\_\_\_\_\_  
\_\_\_\_\_  
Venue Street Address

\_\_\_\_\_  
\_\_\_\_\_  
Venue City, State, Zip Code

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

\_\_\_\_\_  
\_\_\_\_\_  
Venue Street Address

\_\_\_\_\_  
\_\_\_\_\_  
Venue City, State, Zip Code

**Mississippi Arts Commission  
Organizational Grantee Request for Payment  
Request 2 of 2**

---

*Please complete and submit with your final report.*

**Grant Number:**

**Employee ID 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)*

**Project End Date:**

---

**Your 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.*

\_\_\_\_\_  
*Authorizing Official*

\_\_\_\_\_  
*Date*

Request prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

**MAC Use Only:**

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

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

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