

Final Report: Project Grant

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? Yes No

14. Did you inform your local legislators about your grant? Yes No

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

16. How did you publicize your project?

17. Attendance Itemization: Please refer to the Attendance Itemization submitted as part of your Project Grant application. Provide your projected figures from the application along with the actual figures from the project. Please make sure not to count participants at the same event more than once:

Projected Attendance			Actual Attendance			
List the type of activities 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
Total:						

BUDGET REPORT

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

Please itemize each item of your expense and income on a separate page. Follow the same format used for the itemization submitted with the Project Grant application.

18. Cash Expenses		Cash Match	MAC Grant	Total
1. Personnel (staff):	Administrative			
	Artistic			
	Technical/production			
2. Outside fees (contractors):	Artistic			
	Other			
3. Space or equipment rental:				
4. Travel:	Transportation			
	Food			
	Lodging			
5. Marketing:	Printing			
	Other			
6. Remaining expenses:	Postage			
	Supplies			
	Insurance			
	Other			
	Other			
7. Total cash expenses	(must not exceed total cash income)			

19. Cash Income		Cash	In-Kind*
1. Revenue:	Admissions		
	Earned Income		
	Other revenue		
2. Private-sector support:	Corporate contributions		
	Foundation grants		
	Other private contributions		
3. Government support:	Federal		
	State/regional (other than MAC grants)		
	County		
	Municipal		
4. Grantee cash:			
5. Portion of this grant already received:			
6. Remainder of this grant due:			
7. Total	(must equal or exceed 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 Statement

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 page(s).

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?
- What steps did you have in place to ensure high artistic quality in your activities?
- 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?
- If there were partner organizations in the project, who were they and what were their roles?
- What were the main successes and challenges of the project?
- What changes will you make if you do the project again?

FINAL STATISTICS

21. Please provide an estimate, in percentages, of the racial composition of the participants in your project:

White:	%
African American:	%
Native American:	%
Hispanic:	%
<u>Asian:</u>	<u>%</u>
TOTAL	100%

22. How many individuals received free or discounted admission to the activities supported by this grant? _____ adults + _____ youths under 18 = 22. _____

23. How many individuals received newsletters, announcements, or other promotional materials supported by this grant? 23. _____

24. How many schools benefited from performances, demonstrations, teacher training, or other services supported by this grant? 24. _____

25. Paid personnel

a. How many people were paid for services related to the project? 25a. _____

b. Of this number, how many were artists? 25b. _____

26. Volunteer personnel

a. How many people did volunteer work on your project? 26a. _____

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

27. **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:

27. _____

28. Did any aspect of this project, regardless of the program area, offer training for teachers? Yes No

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

CHECKLIST

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

- Completed all components of the Project Grant Final Report Form
- Answered the narrative review questions in an attached document
- Attached a budget itemization
- 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).

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** _____

Name: _____

Project Director signature (in ink) _____ **Date** _____

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. Do not bind or staple the report. 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

____ 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)

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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
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:	<i>(total of your first payment)</i>
This Request:	<i>(final payment)</i>
Total:	

Remaining Grant Award Balance: \$0

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 _____	