



GRANT FINAL REPORT FORM

This typewritten or computer generated
report is due no later than
30 days after completion of project

GRANTEE INFORMATION

Grant # _____

Grantee Name: _____

Person Completing Report/Title: _____

Telephone: _____

Email address: _____

1. Attach a Microsoft Word document outlining what happened during the course of the project. This narrative should "tell the story" of what actually happened during the project and take the reader through the project's major activities. It should include an assessment of the major successes and, if applicable, deficiencies of the project. Be sure to specify any changes in the project from the original grant application. Label this attachment with the grant number followed by a dash and the number 1.
2. Attach a Microsoft Word document outlining how the objectives of the project were met. Please refer to the specific Project Objectives as identified in your grant application (section V. Project Detail; C. Project Summary; 4. Project Objectives). If an objective was not met, indicate why you think this happened and what this means to the organization in regard to future projects. Label this attachment with the grant number followed by a dash and the number 2.
3. Attach a Microsoft Word document outlining the contributions of other organizations or individuals involved in planning, support and implementation of the project. Label this attachment with the grant number followed by a dash and the number 3. If not applicable, please check here:
4. Attach a Microsoft Word document outlining what you did with your publicity or promotional efforts to inform the public of the project. Provide an assessment of how well each worked and their impact on future promotional efforts. Label this attachment with the grant number followed by a dash and the number 4.
5. Accessibility to underserved populations.
 - A. Attach a Microsoft Word document outlining your efforts to make this project's activities available to ethnically and geographically diverse, physically challenged, elderly, economically disadvantaged or institutionalized people. Were these efforts worthwhile? As a result of these efforts, will the organization do anything differently in the future to attract participation from these groups? Describe what those efforts will be. Label this attachment with the grant number followed by a dash and the number 5A.

B. Place a check by the following items that you used in your efforts to reach people from diverse cultures or those with special needs.

- | | |
|---|---|
| <input type="checkbox"/> Suggestions from an advisory committee on people from diverse cultures or those with special needs | <input type="checkbox"/> Recorded information for visually impaired |
| <input type="checkbox"/> Reduced Admission | <input type="checkbox"/> Hearing impaired listening devices |
| <input type="checkbox"/> Sign Language Interpretation | |
| <input type="checkbox"/> Other, Describe: _____ | |

STATISTICAL DATA: The following information is required by the SCAC for its reports to the National Endowment for the Arts and other agencies. For this report, "predominant" is defined as over 50%.

1. GRANTEE. The predominant racial characteristics of the grantee (check one):

- | | | |
|---|--------------------------------|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> African American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> White | <input type="checkbox"/> General |

2. ACTIVITIES. The predominant culture/tradition emphasized in funded activities (check one):

- | | | |
|---|--------------------------------|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> African American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> White | <input type="checkbox"/> General |

List all SC counties in which project activities took place: _____

Did project activities include an international component? Yes No

3. PARTICIPANTS. The predominant racial characteristics of participants in grant activities (check one):

- | | | |
|---|--------------------------------|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> African American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> White | <input type="checkbox"/> General |

Please complete numbers for each of the following:

Total Audience	Total Artists	Youth benefitting
Volunteers	Volunteer hours	Others

NOTIFICATION/EVALUATION:

1. Were members of the state legislature from your district informed of the grant award? Yes No
Attach a sample. Label this attachment with the grant number followed by a dash and N/E1
2. Were local officials informed of the grant award? Yes No
Attach a sample. Label this attachment with the grant number followed by a dash and N/E2
3. Were any state legislators invited to attend events or functions by the grant? Yes No
If Yes, who attended: _____
4. Were any local officials invited to attend events or functions funded by the grant? Yes No
If Yes, who attended: _____
5. Was The Arts Partnership of Greater Spartanburg informed of events or functions funded by the grant? If so, how? Yes No

6. Did an Arts Partnership staff member, panelist or Board member visit during the grant period to assess the project **or** attend the event? Yes No
If yes, who: _____
7. Attach an electronic copy of a schedule that indicates events funded, dates, locations and times. Label this attachment with the grant number followed by a dash and N/E7.
8. Attach samples of evaluation materials and outline what you learned from your evaluation process for this project and how it will impact future projects. Label this attachment with the grant number followed by a dash and N/E8.
9. Attach a Microsoft Word document outlining what The Arts Partnership of Greater Spartanburg can do to improve its service to you, your organization and your community. Label this attachment with the grant number followed by a dash and N/E9.

ACTUAL PROJECT BUDGET - Round income and expenses to the nearest dollar. Refer to the National Standard Budget Definitions, available from The Arts Partnership.

An electronic copy of all invoices, canceled checks (with the cancellation clearly showing on the copy) and receipts for expenses covered by grant funds from The Arts Partnership MUST accompany this report. List them on the FINANCIAL DOCUMENTATION form. Do not list and submit documentation for all project expenses, just those you asked The Arts Partnership to cover. If your grant request was for \$500 to cover part or all of the performance fee for an artist, then you only need to submit documentation in the amount of \$500 for that expense. The Arts Partnership accepts the balance of your financial statement on good faith but reserves the right to audit your figures if necessary.

In compliance with the Single Audit Act of 1984, P.L. 98-502, the S.C. Arts Commission will audit a random sampling of grantees of The Arts Partnership of Greater Spartanburg. The audit will include grantees' records of receipts and expenditures as they relate to the project activities. Audits conducted by a CPA firm for grantees who are required to do so must be in compliance with OMB Circular A-128.

A. SOURCES OF INCOME - Indicate sources specific to cash match

Revenue Sources	Cash Income
1. Admissions	\$ _____
2. Contracted Services Revenue	\$ _____
3. Other Revenue	\$ _____
4. Grantee Cash	\$ _____
5. Corporate Support	\$ _____
6. Foundation Support	\$ _____
7. Other Private Support	\$ _____
8. Federal Grants	\$ _____
9. State/Regional Grants	\$ _____
10. Local Government Grants	\$ _____
11. Total Grantee Cash Revenue (add lines 1 thru 10)	\$ _____
12. Arts Partnership Grant Award	\$ _____
13. TOTAL CASH INCOME	\$ _____

B. PROJECT EXPENSES

-----ACTUAL PROJECT EXPENSES-----

Expense Categories	Approved Budget	ACTUAL PROJECT EXPENSES			In-Kind Contributions* (DO NOT ADD TO TOTAL)
	(Copy from Column 3, "Total Budgeted Cash Expense," as listed in "SUMMARY BUDGET" of the Grant application)	The Arts Partnership Grant (This)	Applicant Cash Match (+This)	TOTAL ACTUAL Cash Expense (=This)	
Personnel:					
Administrative	\$ _____	_____	_____	_____	
Artistic	\$ _____	_____	_____	_____	
Technical/Production	\$ _____	_____	_____	_____	
Outside Fees & Services:	\$ _____	_____	_____	_____	
Rental:	\$ _____	_____	_____	_____	
Travel:	\$ _____	_____	_____	_____	
Marketing:	\$ _____	_____	_____	_____	
Remaining Operating Expenses:	\$ _____	_____	_____	_____	
Other	\$ _____	_____	_____	_____	
COLUMN TOTALS	\$ _____	_____	_____	_____	

*In-Kind may not constitute more than 25% of the Grantee's matching funding for the project.

List of artists/consultants funded by grant money

- Artists/consultants funded by grant money.
- No artists/consultants were funded by grant money

(fill in below as needed)

Artist/consultant	Amount Received
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FINANCIAL DOCUMENTATION

List all invoices, canceled checks, and vendors for expenditures of the grant and attach electronic copies.

Invoice No.	Check No.	Amount	Vendor/Name on Contract	Description	Budget Category
Sample:					
23457	2435	\$345.34	<i>Jim's Photographic</i>	<i>Film processing</i>	<i>Remaining Operating Expense</i>

Check List for Attachments.

(All Grantees: Please check the appropriate boxes below for attachments to this report.)

- 1. Narrative
- 2. Objectives
- 3. Contributions of others
- 4. Examples of publicity
- 5A Availability
- 7. Schedule of events
- 8. Evaluation materials
- 9. TAP Improvements

Certification (All Grantees)

I (we) certify that the foregoing information is true and correct, and that all expenditures were incurred and income received solely for the purposes of the herein described project. We also certify that we fulfilled the assurances we gave you in the contract for this grant.

Applicant/
Authorizing Official*

Typed Name	Title	Signature

Project Director:

Typed Name	Title	Signature

Date:

*If an organization applied/received a grant through a fiscal agent organization, the authorizing official of the fiscal agent organization must sign this report.

**Please print out this final page, complete it, sign it, and scan it.
Please label it Final Page and send it with all other electronic documents to grants@spartanarts.org**