

ORGANIZATION PROGRAM GRANTS

Organization Name: _____

Contact: _____

Phone: _____

Email: _____

eGrant ID: _____ Grant ID: _____

IAC Grant Amount _____ GRA

Total Cash Operating Expenses _____ EXP

Total In-Kind Contributions _____ INK

IAC Grant Amount Spent _____ SPE

Total Operating Cash Income _____ INC

Total Individuals Benefiting from project _____ IND

Children/Youth Benefiting from project _____ YTH

Total Artists Participating in project _____ ART

Total Volunteers Participating in project _____ VOL

I verify that the financial and narrative information submitted for this Final Report is an accurate representation of grant-related activities.

Signed

Date

Mail this cover sheet to:

FISCAL OFFICE, Illinois Arts Council
James R. Thompson Center
100 W Randolph Street, Suite 10-500
Chicago, IL 60601

ILLINOIS ARTS COUNCIL

FINAL REPORT

James R. Thompson Center
100 W. Randolph, Rm 10-500
Chicago, IL 60601-3298
312/814-6750
800/237-6994 (Toll free in Illinois)
TTY 312/814-4831

ORGANIZATION PROGRAM GRANTS

Final reports are due WITHIN 30 DAYS after the ending date on the Grant Agreement. NOTE: This is a standard form. Some lines may not be applicable to all projects funded by IAC.

There are two parts to every final report, a financial section and a narrative section. This report must show completely and accurately how the program actually occurred. This information is necessary to accomplish the statutory purposes outlined under Chapter 20 ILCS 3915. Disclosure of this information is REQUIRED. **Failure to provide requested information will result in this form not being processed.**

Grantee Organization

Grant Number

Financial Officer or Individual completing this form

Daytime Phone

Financial Officer Email

Project Director

Daytime Phone

Project Director Email

Title of Project Funded

Beginning Date

Ending Date

Summary:

IAC Grant Amount

GRA

Total Cash Operating Expenses

EXP

Total In-Kind Contributions

INK

IAC Grant Amount Spent

SPE

Total Operating Cash Income

INC

Total Individuals Benefiting from project

IND

Children/Youth Benefiting from project

YTH

Total Artists Participating in project

ART

Total Volunteers Participating in project

VOL

Date submitted

Financial Section

For operating support, show all of your organization's actual income and expenses.

For project support grants, show only actual expenses and income related to the project.

IAC GRANT AMOUNT AWARDED _____ (GRA)

INCOME

Income

- 1. Admissions/Earned Income _____
- 2. Contracted Services Revenue _____
- 3. Other Revenue from Operations _____
- 4. Corporate Support _____
- 5. Foundation Support _____
- 6. Individual Contributions/Benefits _____
- 7. Federal Grants _____
- 8. State Grants (do not include IAC grant amount) _____
- 9. Municipal Grants _____
- 10. Applicant Cash Forward _____
- 11. Income from Endowment _____
- 12. *IAC Grant Amount Spent* (SPE) _____
- 13. *Total Operating Cash Income* (INC) _____ (*Total Items 1 through 12*)

CASH EXPENSES

Cash
Expenses

In-Kind
Contributions

- 14. Personnel-Administrative _____
- 15. Personnel-Artistic _____
- 16. Personnel- Technical/Production _____
- 17. Contractual Services-Artistic _____
- 18. Contractual Services-Other _____
- 19. Space Rental _____
- 20. Travel/Lodging/Transportation _____
- 21. Marketing _____
- 22. Fundraising Costs _____
- 23. Remaining Operating Expenses _____
- 24. *Total Cash Operating Expenses* (EXP) _____ (*Total Items 14 through 23*)
- 25. Net Cash Operating Gain/Loss _____
- 26. *Total In-kind Contributions* _____ (INK)
- 27. Revenue for Capital or Endowment Funds _____
- 28. Capital Expenditures _____

If Total Operating Cash Income is less than Total Cash Operating Expenses, please explain in the space below.

Narrative Section

NATIONAL ENDOWMENT FOR THE ARTS REQUIREMENTS

THE FOLLOWING TWO QUESTIONS ARE PART OF A DATA COLLECTION PROJECT THAT DOCUMENTS NATIONAL TRENDS OF GRANTS IN THE ARTS. COMPLIANCE IS REQUIRED BY THE NATIONAL ENDOWMENT FOR THE ARTS. THE ILLINOIS ARTS COUNCIL WILL NOT USE THIS INFORMATION DURING THE GRANTMAKING PROCESS.

NEA1. Using the characteristics listed, please indicate the predominant racial characteristics of your organization. If at least 50 percent of your organization's staff, board of directors or membership belongs to one of the listed categories, then select that category. If none of these apply, select "No single group."

NEA2. If the majority of the grant activities are intended to involve or act as a clear expression or representation of the cultural traditions of one particular group, or deliver services to a designated population, select that group's code from the list. If the grant or activity is not designated to represent or reach any one particular group, select "No single group."

REQUIRED DOCUMENTATION

Include two to four examples of published materials and news releases relating to this program. This documentation should verify activities which took place during this grant period as well as your compliance with the requirement that IAC funding be acknowledged in printed material as follows: **"This program is partially supported by a grant from the Illinois Arts Council, a state agency."** Do not send additional videotapes, recordings, books, magazines or slides. You may mail this documentation if necessary, but your Final Report will be considered incomplete until it is received.

INDIVIDUALS BENEFITING FROM PROJECT (Complete all applicable categories.)

1. PERFORMANCE PROGRAMS

Seating Capacity _____
Number of performances _____
Average attendance per performance _____
TOTAL ATTENDANCE _____

2. VISUAL ARTS PROGRAMS

Number of exhibitions in this program _____
Average attendance per exhibition _____
TOTAL ATTENDANCE _____

3. WORKSHOP/CLASS PROGRAMS

Number of workshops/classes _____
Number of sessions per workshop/class _____
Average attendance per workshop/class _____
TOTAL ATTENDANCE _____

4. PUBLICATIONS

Number of issues and/or books published _____
CIRCULATION (include subscribers and over-counter sales) _____

5. FILM, VIDEO, RADIO, AND TELEVISION PROGRAMS

Number of programs/projects completed or presented _____
TOTAL ATTENDANCE _____

INDIVIDUALS BENEFITING FROM PROJECT _____ (IND)
CHILDREN/YOUTH BENEFITING FROM PROJECT _____ (YTH)
TOTAL ARTISTS BENEFITING FROM PROJECT _____ (ART)
TOTAL VOLUNTEERS BENEFITING FROM PROJECT _____ (VOL)

NARRATIVE

1. Describe, please, how this program was actually carried out. Indicate any deviations from the program description in the original IAC application.
2. Explain the impact of this grant on the organization's overall mission and activities.
3. Evaluate this program's effects in the following areas: service to the public, outreach initiatives, underserved populations. How are you evaluating your work in these areas?
4. Provide an interesting anecdote or describe your most important achievement associated with this grant.

Limit your response to approximately 1000 words or 8000 characters

