

**ArtsWestchester Grant Program**

**2017 Arts Alive Community Project**

**Final Report Form**

**INSTRUCTIONS:** Please file your report electronically. To do so, save this form to your computer, then simply fill in the gray box for each question, and save again. Once complete, e-mail as an attachment along with any supporting documentation to: Sue Abbott, sabbott@artswestchester.org. The report is due **30 days after your project is complete.**

Consideration for future funding depends upon completion of this form. Complete a separate report form for each funded project.

Contract Period: January 1, 2017 through December 31, 2017.

1. **Applicant Information**

Please select the type of grant you received

Community Project  Community Project with Fiscal Agent

Organization:

Organization Contact Person:

Address 1:

Address 2:

City:

State:

Zip:

Telephone:

Email:

1. **Fiscal Agent Information (if applicable)**

Organization:

Organization Contact Person:

Street Address:

City:

State:

Zip:

Telephone:

Email:

1. **Project Information**

Project Title:

Amount of Arts Alive grant award: $

Location(s) of Project:

Date(s) of Project:

Briefly describe the project, what was accomplished, any challenges you encountered, and how those challenges were addressed.

Was the service provided consistent with the project proposed in the application? If not, please explain.

Total number of artists who participated:

Total number of youths (under 18) who participated (Those who were directly involved with the project. For example, participated in a class or workshop):

Total number of direct participants:

Total number of youths (under 18) who attended (audience member, not directly involved in the project):

Total number of people who attended:

Describe the composition of your audience/participants in terms of gender, ethnicity, age, and geography (were they from the surrounding community?):

Describe the steps taken to promote the program (i.e. newspapers/radio/television/flyers/mailings, etc.):

Describe how you acknowledged support from ArtsWestchester as a funding source in the printed and electronic materials as well as in other mediums of publicity:

Describe how your funded program served local community needs:

To what extent have your project goals been achieved? What are the indicators you used to evaluate that you met the goals? If you were to do this program again, what might you do differently? If the project fell short of meeting some goals, describe what you learned and/or what you would do differently:

In what way could ArtsWestchester and/or the Arts Alive Grants be more helpful to you?

Additional Comments:

**BUDGET FORM ON NEXT PAGE**

1. **Budget**

Please enter income and expenses for the completed project. It is important to provide details by using the "description" column. For Income, indicate how many tickets were sold and any other income sources. Under Expenses, if there are staff costs (employees, not consultants), indicate the position name and percentage of their time spent on this project.

Please itemize your income for the completed project. (Please note: totals do not auto-fill.) Do not include in-kind contributions in this chart, see in-kind chart below.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **INCOME** | **AMOUNT** | **DESCRIPTION** |
|  | **EARNED INCOME** |  |  |
| 1 | Admission/Membership | $ |  |
| 2 | Contracted Services | $ |  |
| 3 | Tuition/Class Fees | $ |  |
| 4 | Other Earned Income | $ |  |
| 5 | **Total Earned Income** | $ |  |
|  | **CONTRIBUTED INCOME** |  |  |
| 6 | Fundraising Event (s) | $ |  |
| 7 | Corporation/Business Support | $ |  |
| 8 | Foundation Support | $ |  |
| 9 | Individual Support | $ |  |
| 10 | Government Support | $ |  |
| 11 | Other (specify) | $ |  |
| 12 | **Total Contributed Income** | $ |  |
| 13 | Arts Alive Grant Awarded | $ |  |
| 14 | **TOTAL INCOME** | $ |  |

Please itemize your expenses for the completed project. (Please note: totals do not auto-fill.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **EXPENSES** | **AMOUNT** | **DESCRIPTION** |
| 1 | Personnel: Administrative | $ |  |
| 2 | Personnel: Artist | $ |  |
| 3 | Personnel: Technical | $ |  |
| 4 | Fringe Benefits | $ |  |
| 5 | Consultant Fees: Artist | $ |  |
| 6 | Consultant Fees: Other (specify) | $ |  |
| 7 | Materials and Supplies | $ |  |
| 8 | Space Rental | $ |  |
| 9 | Equipment Rental | $ |  |
| 10 | Travel | $ |  |
| 11 | Marketing/Advertising | $ |  |
| 12 | Fundraising | $ |  |
| 13 | Other (specify) | $ |  |
| 14 | **TOTAL EXPENSES** | $ |  |
| 15 | Total Income (enter amount from above) | $ |  |
| 16 | **BALANCE (Income minus Expenses)** | $ |  |

List any in-kind contributions specifically related to the project. (Please note: totals do not auto-fill). Please add rows as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **IN-KIND SOURCE** | **AMOUNT** | **PURPOSE** |
| 1 |  | $ |  |
| 2 |  | $ |  |
| 3 |  | $ |  |
| 4 | **TOTAL** | $ |  |

Budget Notes (any deficit/surplus or category that may need further explanation).

How were the Arts Alive grant funds used?

1. **Supplementary Materials**

You must submit supplemental materials from your project including such items as posters, advertisements, flyers, and programs.

Please return your completed Final Report to [grants@artswestchester.org](mailto:grants@artswestchester.org). Please include support materials as attachments in the email.

Any questions, please contact [sabbott@artswestchester.org](mailto:sabbott@artswestchester.org) or 914-428-4220 ext. 304