

FINAL REPORT: NJSCA/Atlantic County Local Arts

FISCAL YEAR 2017 (January 1, 2017 - December 31, 2017)

REPORT IS DUE: on or before December 31, 2017.

Name of Organization: _____

A. Category Type of Grant Received: _____ SP _____ PS _____ GOS _____ TA

B. Please give a 1 or 2 sentence synopsis what was accomplished with funds..."This funding enabled..."

C. Activity Statistics

What is the total number of events or activities that this grant supported? **D.** _____

(Note: For theatrical productions i.e., count each day/eve the production is staged)

Further breakdown the total above (C.): How many of the above total encompassed these activities:

_____ Performances _____ Workshops _____ Exhibitions _____ Lectures
_____ Classes _____ Other: Describe _____

D. Number of Artists Engaged or Participating:

What is the actual number of artists (soloists, performers, demonstrators, instructors, etc.) who have participated in some way and directly benefited from this grant? (If a group has performed together, give the number of individuals within the group.) **E.** _____

E. ATTENDANCE: Total Attendance. Please list the sum total of all attendance at your events. You may count someone who attended multiple events **each time** they attended. (Do the same for "artists engaged" above). Even if you do not have exact figures, please use your best estimate.

| | |
|--|--|
| 1. Total # of adults attending/participating: | |
| 2. Total # of children (under 18) attending: | |
| 3. Total # attendance/participation (this answer = 1 + 2): | |
| 4. Indirect Attendance/Participation*: | |
| 5. Additional Impact (newsletters, cultural calendars, etc.) | |

**Indirect participation refers to those receiving a substantial amount of work, performances, or artistic product through listenership, viewership or readership via broadcast, internet or publication. This would include activities such as radio broadcast of a concert, TV broadcast of a performance, an exhibition catalog, a poetry anthology, etc. It does not include those reached through news articles, radio interviews, TV news coverage, advertising, calendar listings, visits to websites for information, etc.*

Regarding indirect participation (#E.4 above,) briefly describe in the space below the activities related to that number, and how the number was factored:

F. Number of Individuals Benefiting. In this section, count an individual **once only** even if they attended multiple events. The idea here is how many individuals benefited -, regardless of how many times the same person came to different events, you would only count that person once. **If you cannot obtain actual or reliable figures, leave this section blank. You will not be penalized.**

| | |
|--|--|
| 1. Number of adults benefiting: | |
| 2. Number of children (under 18) benefiting: | |
| 3. Indirect Beneficiaries*: | |
| 4. Artists Engaged | |
| 5. Total Benefiting | |

* Indirect beneficiaries refer to those who received a significant artistic experience through listenership, viewership or readership via broadcast, internet or publication of a substantial amount of work, performances or artistic product.

Regarding indirect participation (#F.3 above,) briefly describe in the space below the activities related to that number, and how the number was factored:

G. Arts Education: On the lines below, please enter the amount (actual dollars) spent on arts education during the grant period and the percentage of the total arts expenditure (this figure may be larger than the amount of funding granted) for the organization.

1. \$ _____ Amount spent in 2017 on pro-active* arts education (* classes, seminars, symposia, school workshops, residencies, galley talks, etc.) Do not include regular programming in this amount
2. The above amount (H.1) represents _____% of the organization's 2017 budget.

H. Narrative – Program Evaluation – You may use a separate sheet to continue answers if needed.

1. Briefly describe a significant accomplishment during this grant period that this funding enabled.

- I. Photographs:** Submit a minimum of 2 non-returnable publishable photographs of activities from the past year (prints or on a disc) along with consent forms (attached). Images should demonstrate the public benefit or value provided by the grant funded activities, such as individuals engaged in art-making or actively participating as audience members, artists at work, etc.
- J. Publicity & Other Support Materials:** Attach samples of your publicity demonstrating compliance (Credit Agreement) with New Jersey State Council on the Arts (NJSCA) requirements. The preferred format for these attachments is 8 ½" X 11" photocopies. You may also attach support materials relating to the organization's efforts toward extended professional development, marketing, out-reach to special constituencies, et
- K. In-Kind Funds:** Please estimate the total value of in-kind goods/services that have been received by your organization in FY 2017 (general operating support award recipients: count all in-kind funds) (special project or general program support recipients: count only those towards the awarded project or program).

K. _____

L. FINANCES – BUDGET SHEET

ACTUAL EXPENSES January 1, 2017 – December 31, 2017

Fill out this EXPENSES sheet for the project only. Do not include any other organizational expenses. Include funds from this grant as well as other funds you used. NOTE: GOS RECIPIENTS: Fill out your total annual actual expenses from the year 2017 for your entire organization (grant + all other expenses). *Don't forget to consult original application guidelines for ineligible use of grant funds.*

| EXPENSE LINE ITEM | PROJECTED EXPENSES <i>(Use projected expenses from your application)</i> | TOTAL ACTUAL CASH EXPENSES <i>(All cash spent for each line item towards the project - Include this grant plus other funds use).</i> | BREAKOUT: THIS GRANT ONLY <i>(Provide a breakout of where this grant was spent. Extract from total cash expenses).</i> | (TOTAL ACTUAL IN-KIND EXPENSES) <i>(if an arts organization, or receiving funding)</i> |
|---|---|---|---|---|
| Personnel Administrative/Clerical | | | | |
| Personnel Artistic | | | | |
| Personnel Technical Production | | | | |
| Marketing Costs (Advertising) | | | | |
| Space Rental/ Mortgage Payments | | | | |
| Travel + Transportation | | | | |
| Supplies | | | | |
| Telephone | | | | |
| Insurance | | | | |
| Facility Maintenance | | | | |
| Rentals | | | | |
| Technical Production (Other than Personnel) | | | | |
| Program Access Accommodation (Itemize) | | | | |
| Repayment of Loans (interest only) | | | | |
| Other – (Itemize if greater than 5% total) | | | | |
| TOTALS | | (C) | (B) | (D) |

M. FINANCES – BUDGET SHEET

REVENUE or INCOME January 1, 2017 – December 31, 2017

YOU MUST USE THIS FORM. NO SUBSTITUTIONS PERMITTED. Everyone must fill this section out. The reported income makes up your match for the grant. If applicable, explain any deficit or surplus and how either will be remedied, on page 3 of the final report form.

| INCOME SOURCE | PROJECTED INCOME What was projected or stated in grant application. | ACTUAL CASH INCOME <i>GOS</i> – total <u>annual</u> income – otherwise project only. | ACTUAL IN-KIND (if applicable) |
|--|--|---|-----------------------------------|
| Membership Dues | | | |
| Admissions – Ticket Sales | | | |
| Seminar/Workshop/Class Fees | | | |
| Advertising Income | | | |
| Other Earned Income (<i>list sources</i>) | | | |
| Private Contributions | | | |
| Corporate Contributions (<i>List sources</i>) | | | |
| Foundation Contributions (<i>List sources</i>) | | | |
| Government (* not including this Grant) Indicate if from Local, State, or Federal source | | | |
| Other: (<i>Identify Source and Amount</i>). | | | |
| Award received: (list full award – not just the 1 st payment (75%)) | | (A) | X |
| TOTAL | | | (D) |

N. This section requires information from the budget sheets and other areas of the form:

Total Actual Cash Expenses *[of your project (SP) or organization (GOS)]*
This figure is the total at the bottom of the Total Actual Cash Expenses column \$ (C) _____

Grant Amount Awarded: *[The full award even if not yet entirely received.]* \$ (A) _____

Grant Amount Spent: *[The full award, unless it was not completely spent.]* \$ (B) _____

Total Cash Match: \$ _____
(Subtract the "Grant Amount Spent" from the "Total Actual Cash Expenses"

O. Submit relevant financial information including evidence of expenses and matching funds (photocopies of canceled checks, invoices etc.). Your report will not be considered complete, and you will not receive final payment without submission of this information.

P. Authorization

I understand and agree that the financial and programmatic records, supporting documents, statistical records and all other records pertinent to the grant must be retained for a period of three years following the end of the grant cycle. I agree to make available to the Atlantic County Office of Cultural and Heritage Affairs for a period of three years following the end of the grant cycle any and all financial records pertaining to the expenditure of these grant funds.

I certify that the foregoing information and all other attachments are true and correct, and that all expenditures were incurred solely for the purpose of this grant.

Authorized Signatures:

Program/Project Manager

Print Name *Signature* *Date* *Phone #*

Chief Officer of the Organization

Print Name *Signature* *Date*

Name of Person who completed this Report (if different from names above)

Print Name *Signature* *Phone #*

PLEASE KEEP A COPY OF THIS REPORT FOR YOUR ORGANIZATION'S FILE