



**WEST VIRGINIA COMMISSION  
ON THE ARTS**

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EEO/AA Employer

# Community Arts Project Support Final Report Packet

for all community arts project support grants

Included in the packet:  
**Instructions for preparation  
Final Report forms Parts I - IV**

Part I

Final Report Cover Sheet

Part II

Final Report Project & Budget Summary

Part III

Individual Project Final Report Form

Part IV

All publications and  
application forms  
are available in  
alternate formats.  
Contact Accessibility  
Coordinator at  
304/558-0240 Ext.152  
(voice)  
304/558-3562 (TDD)



FY2012

# Community Arts Project Support Final Report Instructions

All sections of the final report must be typewritten. Do not staple or bind materials. You may use paper clips to separate projects. Final Report Forms may be scanned and submitted with the original signature. Final Report Forms are also available online at <http://www.wvculture.org>

## PART I

FINAL REPORT COVER SHEET – One copy of this form must accompany all Community Arts Project Support (CAPS) grant final reports.

- Enter applicant organization's name and address. This form requires the organization's legal name as recognized by the IRS and the WV Secretary of State.
- Enter your organization's Federal Employee Identification Number.
- For Contact Person, enter the person to be called with questions.
- Please list daytime and evening phone numbers and e-mail if applicable.
- Final Report Budget Summary:
- Enter Grant Amount Awarded
- Grant Amount Spent is the actual amount of awarded grant funds expended to complete the projects.
- Total Applicant Matching Cash Funds is the actual funds your organization put toward the successful completion of the funded projects, including organization cash, income from projects and other support. This is the amount from Line B on the Final Report Budget Form.
- Total Project Expenses is the sum of Line A (Total Project Expenses) for each project.
- Read the certification information carefully, sign and date in blue ink. **BE SURE** to circle the accounting method used by your organization. According to new SAGA regulations, the Final Report Cover Sheet **MUST** be notarized in the space provided by all applicants **except governmental entities** .

## PART II

FINAL REPORT PROJECT & BUDGET SUMMARY – One copy of this form must accompany all CAPS final reports. This form represents a summary of the project with actual expenses and income of the individual projects.

- Enter applicant name
- Total number of individuals benefiting from all projects and enter after actual # individuals benefiting.
- Enter the total number of youth served and total number of artists included through all funded projects.
- Enter the percentage of your community that is at or below the poverty level.  
Visit <http://quickfacts.census.gov> . Select city or county to best describe your project.
- Enter the percentage of your community's non-white/culturally diverse population served. For example: if 20% of your community is non-white and 50% of that group was served enter 50%.  
Determine the percentage of people with disabilities served by the project in the same manner.

### Expenses:

- Personnel: enter the total amount paid to employees working on all projects.
- Total Outside Professional Services for all projects: list artists, contractors, or other professionals contracted and enter contract fees paid. Total these amounts and record under Cash Expenses.

- Travel: enter the total amount spent on travel for artist(s) (may include food and lodging) directly relating to the all projects.
- Shipping: enter the amount of shipping costs related to all projects.
- Other Fees and Services: miscellaneous expenses specific to all projects.
- Marketing: enter the amount spent on publicizing all projects.
- Remaining Operating Expenses/Space Rental: enter the total of any project expenses not addressed in the above categories to the left of the slash. To the right of the slash enter total fees paid for space rental. Enter the total of the two amounts in the right column.
- Add the Cash Expenses column. That figure is Total Project Expenses Line A.

#### **Income:**

- Enter total amount earned by your organization from admission fees and contracted services for all projects.
- Enter total figures showing the actual amount of financial support received in the form of grants, awards, donations, etc. On lines provided, list names of corporate, foundation, federal, state and local contributors.
- Applicant Cash refers to the total amount of your organization's cash put toward the projects.
- Total Cash Income column, enter on Line B Total Applicant Cash Income. Enter the Grant Amount Awarded. On Line C enter the actual amount of grant funds expended. Line B must be equal to or greater than Line C.
- Add Total Applicant Matching Cash Funds (LINE B) and Grant Amount Spent (LINE C) to get Total Cash Income on Line D. This must be equal to or greater than Line A under Expenses.

### **PART III**

INDIVIDUAL PROJECT FINAL REPORT FORM - Complete one Individual Project Final Report Form for each project in your application. Record each project number and label each form accordingly (1 of 4, 2 of 4, 3 of 4, etc.). Project numbers should be the same as those in your original application.

- Type the location of the project , starting and ending date, time, and facility where project took place.
- Enter the total number of individuals benefiting from this project, artists involved and youth served.
- Enter the percentage of your community's non-white/culturally diverse population served through this project. For example: if 20% of your community is non-white and 50% of that segment of your population was served by the project enter 50%. Determine the percentage of people with disabilities served by this project in the same manner.
- Enter the percentage of your community that is at or below the poverty level.  
Visit <http://quickfacts.census.gov> . Select city or county to best describe your project.
- Indicate if the project was open to the public and the cost of tickets (if applicable).
- On a separate sheet of paper, in 12 point type, evaluate the success of your project. Answer ALL questions under project evaluation.

### **PART IV**

FINAL REPORT INDIVIDUAL PROJECT BUDGET - Complete one for each project.

#### **Expenses:**

- Personnel: enter the amount paid to employees working on this project.
- Outside Professional Services: list artists, contractors, or other professionals contracted

to work on the project and enter contract fees. Total these amounts and record under Cash Expenses.

- Travel: enter the total amount spent on travel for the artist(s) (may include food and lodging) directly relating to the projects.
- Shipping: enter the amount of any shipping costs related to the project
- Other Fees and Services: miscellaneous expenses specific to the project.
- Marketing: enter the amount spent on publicizing the project.
- Remaining Operating Expenses: enter any project expenses not addressed in the above categories to the left of the slash. If you rented a facility for the project, include the amount you paid in rent to the right of the slash. Enter the total of the two amounts in the right column.
- Add the Cash Expenses column. That figure is Total Project Expenses, Line A.

**Income:** Please show how the WVCA grant funds were matched.

- Enter revenues from admission fees, contracted services fees for this project.
- Provide actual amount of financial support received in the form of grants, awards, donations, etc.
- Applicant Cash refers to organization cash put toward this project.
- Total the Cash Income column, enter as Line B. Enter the Grant Amount Awarded. On Line C record the actual amount of grant award spent. Line B must be equal to or greater than Line C.
- Add Total Applicant Matching Cash Funds and Grant Amount Spent to get Total Cash Income on Line D. This must equal Line A under Expenses.

**Please note: The WVCA will require the return of grant funds not spent according to the contract.**

# PART I

## Community Arts Project Support Final Report Cover Sheet

DO NOT WRITE IN THIS SPACE

Date received: \_\_\_\_\_

Application #: \_\_\_\_\_

PRN: \_\_\_\_\_

### MUST BE TYPEWRITTEN

Applicant Legal Name: (Organization) \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

County

Zip Code

FEIN # \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone (daytime) \_\_\_\_\_ Telephone (non-bus. hours) \_\_\_\_\_

E-mail address \_\_\_\_\_ Website \_\_\_\_\_

### Final Report Budget Summary:

Total Grant Amount Awarded \$ \_\_\_\_\_

Total Grant Amount Spent \$ \_\_\_\_\_

Total Applicant Matching Cash Funds \$ \_\_\_\_\_

Total Project Expenses \$ \_\_\_\_\_

### Certification:

I certify that I have reviewed the grant receipts and expenditures submitted within this final report and, to the best of my knowledge and belief, said report represents all financial activities related to the receipt, use and expenditure of funds granted by the WV Commission on the Arts/WV Division of Culture and History, and that the expenditures reported were for the purposes intended and in compliance with applicable laws, regulations and the terms and conditions of the grant documents. The report of grant receipts and expenditures is presented on the **ACCRUAL/CASH (circle one - required by WV State Code)** basis of accounting and is supported by our financial records and related documentation.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary required for all applicants EXCEPT governmental entities.

STATE OF WEST VIRGINIA

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a notary public in and for the said state, do hereby certify that \_\_\_\_\_, whose name is signed to the writing above, has this day acknowledged the same before me.

Given under my hand this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

# PART II

DO NOT WRITE IN THIS SPACE

## Community Arts Project Support Final Report Project & Budget Summary

Application #: \_\_\_\_\_  
PRN: \_\_\_\_\_

**MUST BE TYPEWRITTEN - Please complete this form as a summary of all funded projects**

Applicant Name: (Organization) \_\_\_\_\_

Actual # individuals benefiting \_\_\_\_\_ Actual # Artists participating \_\_\_\_\_

Actual # youth benefiting \_\_\_\_\_ % of community at or below poverty level \_\_\_\_\_

% of non-white/culturally diverse audience served \_\_\_\_\_ % of audience with disabilities served \_\_\_\_\_

Open to the Public? \_\_\_ Yes \_\_\_ No Cost of tickets: Adults \$ \_\_\_\_\_ Students \$ \_\_\_\_\_

### EXPENSES (For All Projects):

### ACTUAL CASH EXPENSES

#### PERSONNEL (Your staff)

Administration/Artistic/Technical

\$ \_\_\_\_\_

#### OUTSIDE PROFESSIONAL SERVICES

Artistic Fees & Services

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

#### TRAVEL/SHIPPING

\$ \_\_\_\_\_

#### OTHER FEES & SERVICES

\$ \_\_\_\_\_

#### MARKETING

\$ \_\_\_\_\_

#### REMAINING OPERATING EXPENSES/SPACE RENTAL

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL PROJECT EXPENSES**

**\$ \_\_\_\_\_ LINE A**

### INCOME (For All Projects):

### ACTUAL CASH INCOME

#### REVENUE

Admissions

\$ \_\_\_\_\_

Contracted/Other Revenue

\$ \_\_\_\_\_

#### SUPPORT

Corporate/Foundation Support

\$ \_\_\_\_\_

Other Private Support

\$ \_\_\_\_\_

#### GOVERNMENT SUPPORT (Do not include this grant request)

Federal

\$ \_\_\_\_\_

State/Regional

\$ \_\_\_\_\_

Local

\$ \_\_\_\_\_

#### APPLICANT CASH

\$ \_\_\_\_\_

TOTAL APPLICANT MATCHING CASH FUNDS

\$ \_\_\_\_\_ **LINE B**

GRANT AMOUNT SPENT

\$ \_\_\_\_\_ **LINE C**

**TOTAL CASH INCOME**

**\$ \_\_\_\_\_ LINE D**

**LINE D MUST BE EQUAL TO OR GREATER THAN LINE A**

# PART III

DO NOT WRITE IN THIS SPACE

## Community Arts Project Support Individual Project Final Report Form

Application #: \_\_\_\_\_

PRN: \_\_\_\_\_

### MUST BE TYPEWRITTEN

Please complete this form for each individual project in your CAPS grant application

Project \_\_\_\_\_ of \_\_\_\_\_ Projects

Applicant Name: (Organization) \_\_\_\_\_

Location of Project (City and County)      Start Date      End Date      Time      Place/Facility

Actual number of individuals benefiting \_\_\_\_\_ Actual number of artists participating \_\_\_\_\_

Actual number of youth served \_\_\_\_\_ Actual number of schools served \_\_\_\_\_

% of non-white /culturally diverse audience served \_\_\_\_\_

% of audience with disabilities served \_\_\_\_\_ % of community at or below poverty level \_\_\_\_\_

Open to the Public \_\_\_\_\_ YES \_\_\_\_\_ NO Cost of tickets: Adults \$ \_\_\_\_\_ Students \$ \_\_\_\_\_

**Project Evaluation: On separate sheets of paper, in 12 pt type, please answer the following questions. Base your narrative on goals and objectives provided in your original application.**

1. Restate the goals of your project from your original application. Describe goals that were met and how including how your planning contributed to the overall success of the project. Describe goals that were not met and why. A candid discussion of the successes and shortcomings of projects are helpful to the WVCA.
2. Describe the project's impact on your community; your organization and its long-term goals.
3. Evaluate artist(s) on level of professionalism and quality of work. *The WVCA encourages all grant recipients to share evaluations with participating artists to develop stronger partnerships.*
4. Describe your marketing efforts. Was marketing a factor in the outcome of your project? Please share best practices and samples of marketing pieces.
5. Describe the success of your outreach to non-white/culturally diverse populations and to community members with disabilities. Describe any new audiences developed as a result of your projects.
6. Please summarize your evaluation of the project. Provide sample evaluation tools, promotional materials, photos (digital images preferred), newspaper clippings or letters of support for the completed project.

# PART IV

## Community Arts Project Support Final Report Individual Project Budget

EXPENSES (For This Project):

ACTUAL CASH EXPENSES

PERSONNEL (Your staff)

Administration/Artistic/Technical \$ \_\_\_\_\_

OUTSIDE PROFESSIONAL SERVICES

Artistic Fees & Services

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TRAVEL

\_\_\_\_\_ \$ \_\_\_\_\_

SHIPPING

\_\_\_\_\_ \$ \_\_\_\_\_

OTHER FEES & SERVICES

\_\_\_\_\_ \$ \_\_\_\_\_

MARKETING

\_\_\_\_\_ \$ \_\_\_\_\_

REMAINING OPERATING EXPENSES/SPACE RENTAL

\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL PROJECT EXPENSES**

**\$ \_\_\_\_\_ LINE A**

INCOME (For This Project):

ACTUAL CASH INCOME

REVENUE

Admissions \$ \_\_\_\_\_

Contracted Services Revenue \$ \_\_\_\_\_

Other Revenue \$ \_\_\_\_\_

SUPPORT

Corporate Support \_\_\_\_\_ \$ \_\_\_\_\_

Foundation Support \_\_\_\_\_ \$ \_\_\_\_\_

Other Private Support \_\_\_\_\_ \$ \_\_\_\_\_

GOVERNMENT SUPPORT (Do not include this grant request)

Federal \$ \_\_\_\_\_

State/Regional \_\_\_\_\_ \$ \_\_\_\_\_

Local \_\_\_\_\_ \$ \_\_\_\_\_

APPLICANT CASH

\$ \_\_\_\_\_

TOTAL APPLICANT MATCHING CASH FUNDS \$ \_\_\_\_\_ **LINE B**

GRANT AMOUNT SPENT \$ \_\_\_\_\_ **LINE C**

**TOTAL CASH INCOME** \$ \_\_\_\_\_ **LINE D**

**LINES D MUST BE EQUAL TO OR GREATER THAN LINE A**