

Dille Fund - Final Report:

1. Organization Name: _____ 2. Grant No: _____
3. Mailing Address: _____ 4. City: _____
5. Zip: _____ 6. Project Director: _____
7. Project Director's phone: _____ 8. e-mail: _____
9. Project start date (month/day/year): _____ 10. End date (month/day/year): _____
11. Did you make any significant changes in your project from what was described in your original application? Yes No
12. If you made significant changes, did you submit a Grant Change Form and get approval from MAC before you made the changes? Yes No
13. Was MAC credited in your printed materials and publicity? (include a sample copy) Yes No
14. Did you inform your local legislators about your grant? (include a sample of correspondence) Yes No
15. Project Documentation: What kinds of documentation of your project can you make available to MAC, if needed? photographs video audio internal written reports
16. How did you publicize your project?

17. **Attendance Itemization:** Please refer to the Attendance Itemization submitted as part of your Minigrant application. Provide your projected figures from the application along with the actual figures from the project. **Do not count participants attending the same event more than once:**

Projected Attendance			Actual Attendance			
Type of project funded by the grant	Number of events you projected for this year	Number of attendees you projected for this year	Total number of events this year	Total of adults who took part in this event	Total of youths under 18 who took part this year	Total of all attendees who took part this year
Performance						
Workshop or Class						
Consultation						
Conf. Fees & Travel						
Total						

BUDGET REPORT

Your organization's fiscal year begins (month/day): _____ and ends (month/day): _____

18. Project Expenses	Cash	MAC grant	Total
1. Acquisition(s):			
2. Other			
3. Other:			
4. Other:			
5. Total cash expenses (must not exceed Total Cash Income)			

19. Cash Income	Cash	In-Kind*
1. Private-sector support:		
2. Other forms of support		
3. Government support:		
Federal		
State or Regional (other than MAC grants)		
County		
Municipal		
4. Grantee cash:		
5. Portion of the grant already received:		
6. Remainder of the grant due:		
7. Total Income (must be equal to or greater than your Total Cash Expenses)		

**Defined as the cash value of goods and services contributed by sources other than the grantee organization, such as work done by volunteers or donated office space. You must be able to produce records of in-kind contributions.*

20. Narrative Review Attachment

Please describe the outcomes of your project by answering the following questions in a narrative statement. Group your answers under the headings presented below. The document should be no longer than **two** pages total. Please format it using a minimum 12 point font size and one inch margins on all sides of the pages.

A. Goals and Outcomes

- What were your goals for the project? Did you achieve them?
- What outcomes did you see happen as a result of this grant? Were there any unexpected outcomes?

B. Quality of Project Activities and Their Artistic Excellence

- Describe the main activities of the project.
- How did you promote and evaluate the project?
- If the grant was for a project that was not an actual arts activity, how will it support high artistic quality in future work?

C. Public Participation and Access

- How did you make your project accessible to all the people in your community, especially those who are traditionally underserved by the arts?
- How did you include the public in the planning and evaluation of your project?

D. Ability to Carry out the Project

- Describe your community's support of your project. What were the indications that community members supported it?
- What were the main successes and challenges of the project?
- What changes will you make if you do the project again?

FINAL STATISTICS

21. In your best estimation - select all categories that made up 25% or more of the **population that directly benefited by race/ethnicity**, excluding broadcasts or online programming:

- American Indian/Alaska Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian/Other Pacific Islander
- White

No single racial/ethnic group made up more than 25% of the population directly benefiting

22. In your best estimation - select all categories that made up 25% or more of the **population that directly benefited by age group**, excluding broadcasts or online programming:

- 1 – Children/Youth (0-18 yrs.)
- 2 – Young Adults (19-24 yrs.)
- 3 – Adults (25-64 yrs.)
- 4 – Older Adults (65+ yrs.)
- 9 – No single group made up more than 25% of the population directly benefiting

23. In your best estimation, select all categories that made up 25% or more of the **population that directed benefited by distinct groups**, excluding broadcasts or online programming:

- D – Individuals with disabilities
- I – Individuals in institutions
- P – Individuals below poverty line
- E – Individuals with limited English proficiency
- M – Military veterans / Active duty personnel
- Y – Youth at Risk
- G – No single distinct group made up more than 25% of the population directly benefiting

24. How many individuals received newsletters, announcements, or other promotional materials supported by this grant? 24. _____

25. How many schools benefited from performances, demonstrations, teacher training, or other services supported by this grant? 25. _____

26. Paid personnel

a. How many people were paid for services related to the project? 26a. _____

b. Of this number, how many were artists? 26b. _____

27. Volunteer personnel

a. How many people did volunteer work on your project? 27a. _____

b. Of this number, how many were artists? 27b. _____

28. **Arts Education projects only:** How many teachers, educators, and administrators received training through this grant?

K-5 Teachers:

6-12 Teachers:

Arts Specialists:

Administrators:

Total: 28. _____

29. Did any aspect of this project, regardless of the program area, offer training for teachers?

- Yes No

30. If yes, briefly describe (in one to two sentences) the training that was offered:

CHECKLIST

Before you submit your Final Report, make sure that you have:

- Completed all components of the Final Report Form
- Answered the narrative review questions in an attached document
- Attached appropriate supplementary materials, such as sample programs, teacher guides, or letters to your state legislators about the project.
- Obtained original signatures from the Authorizing Official and Project Director (below).
- Conference attendees must include the conference workshop agenda, a copy of paid receipts for travel, lodging, and registration.

CERTIFICATION

The Authorizing Official and Project Director hereby certify that the information contained in this report, including all attachments, is true and correct to the best of our knowledge.

Authorizing Official signature* (in ink) _____ **Date** _____

Print Name: _____

Project Director signature (in ink) _____ **Date** _____

Print Name: _____

**The Authorizing Official should be the same official who signed your grant application and grant contract. If there has been a change, please document it on a MAC Grant Change Form and submit with the report.*

Submit this form and the required supporting materials to MAC within 30 days of finishing your project or by no later than June 19, 2019, whichever comes first. Mail a copy of the completed report to:

Mississippi Arts Commission
Attention: Diane Williams, Grants Director
501 North West Street,
Suite 1101A Woolfolk Building
Jackson, MS 39201

Project Activity Location Report

Grantees must complete this form listing each location associated for Project Grants, Minigrants, and Folk Arts Apprenticeship, and Link Up Grants.

For each event location/venue associated with this grant, please list the following information:

_____ Number of days on which activities occurred at this venue

Venue Street Address (Not P.O. Box)

Venue City, State, Zip Code

_____ Number of days on which activities occurred at this venue

Venue Street Address (Not P.O. Box)

Venue City, State, Zip Code

_____ Number of days on which activities occurred at this venue

Venue Street Address

Venue City, State, Zip Code

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