

# Community Arts Grant Program Final Report FY21

**Applicants must type and complete this form in its entirety for final payment to be processed. Final Reports are due 30 days after last day of grant period. WARNING! Fillable PDF files such as this do not allow you to save your information.** Do not close the application before printing your information or your information will be erased. If you have any questions, call the LexArts staff at 255-2951. Final reports should be dropped off or mailed to **LEXARTS @ 161 NORTH MILL STREET, LEXINGTON, KY 40507.**

Grant Number  Fiscal Year  Grant Amount

Grantee's Name:

Street Address

Street Address

City  State: Kentucky Zip Code

Contact Person for this report:

Phone:  Fax:

e-mail:

Activity Dates: Start:  End:

Number of individuals who benefited from this grant: Youth:  Adults:

Dollar amount spent on Arts Education (if applicable):

Number of artists who participated in this activity:

What Counties do you serve other than Fayette ?

Grant Number:

As you reach the conclusion of your Program/Project for FY21, please respond to the following self-assessment questions. Attach one additional page if necessary.

**1. Impact/Evidence**

- a. Please summarize your program/project. In your summary, highlight ways in which your program/project succeeded and/ or failed to meet the expectations included in your grant application.
- b. Using the evaluation methods you noted in your grant application, please provide any evidence to support your summary.

**2. Documentation and Credit**

How did you satisfy LexArts' credit requirements? Attach copies of program, advertisements, newsletters, web site links, ect. that contain the LexArts logo.

Grant Number: **Grant Activity Financial Report**

Please complete the following report of activity income and expenses. If the actual figures differ substantially from the original budget, please explain on a separate page. Refer back to your initial grant application for the original budget totals. For in-kind revenue and expenses, please indicate amount on subtotal lines following "Total Cash Income" and "Total Cash Expenses." In box following financial report, please provide a detail of sources and uses of in-kind support. Please note in-kind expenses and in-kind income should match exactly.

Income		Original Budget	Actual
LexArts' Grant Award		\$0.00	\$0.00
Revenue (Admissions, fees, memberships, ect.)		\$0.00	\$0.00
Corporate Contributed Income		\$0.00	\$0.00
Foundation Contributed Income		\$0.00	\$0.00
Individual Contributed Income		\$0.00	\$0.00
Government Income		\$0.00	\$0.00
Other	<input type="text"/>	\$0.00	\$0.00
<b>Total Cash Income:</b>		\$0.00	\$0.00
<b>Total In-Kind Income*:</b>		\$0.00	\$0.00
<b>TOTAL INCOME:</b>		\$0.00	\$0.00
Expenses		Original Budget	Actual
Project/ Program Management		\$0.00	\$0.00
Project/ Program Artistic Fees		\$0.00	\$0.00
Travel		\$0.00	\$0.00
Marketing & Publicity		\$0.00	\$0.00
Production/Exhibition		\$0.00	\$0.00
Facilities Rental		\$0.00	\$0.00
Accessibility		\$0.00	\$0.00
Other	<input type="text"/>	\$0.00	\$0.00
<b>Total Cash Expenses:</b>		\$0.00	\$0.00
<b>Total In-Kind Expenses*:</b>		\$0.00	\$0.00
<b>TOTAL EXPENSES:</b>		\$0.00	\$0.00

Grant Number:

**\* In-Kind**

Please provide a detailed list of all sources and uses of in-kind support that matches the total indicated in your final budget. Please note in-kind income and in-kind expenses should match exactly.

I certify that I am legally authorized to submit this report on behalf of the grantee and that the foregoing statements and enclosures are true and complete to the best of my knowledge.

Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type Name:  Title: