**Community Arts Grant Program Final Report FY25**

**Applicants must complete this form in its entirety for** **final payment to be processed. Final Reports are due** **30 days after the last day of the grant period which ends June 30, 2025.** If you have any questions, call the LexArts staff on 255-2951. **Final reports should be emailed to** **nzamarron@lexarts.org** **or 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 Date 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?

**As you conclude your Program/Project for FY25, please respond to the following self-assessment questions. Attach one additional page if necessary.**

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Grant Number:

1. **Impact/Evidence**
	1. 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.
	2. 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, etc. that contain the LexArts logo.

**Grant Activity Financial Report**

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Grant Number:

**Expenses**

Project/ Program Management

**Original Budget**

**$0.00**

**Actual**

**$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**

Please complete the following report on activity, income, and expenses. If the actual figures differ substantially from the original budget, please explain on a separate page. Refer 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 the box following the 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**

LexArts' Grant Award

**Original Budget**

**Actual**

**$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

**$0.00**

**$0.00**

**Total Cash Income:**

**$0.00**

**$0.00**

**Total In-Kind Income\*:**

**$0.00**

**$0.00**

**TOTAL INCOME:**

**$0.00**

**$0.00**

|  |  |  |  |
| --- | --- | --- | --- |
| Facilities Rental |  | **$0.00** | **$0.00** |
| Accessibility |  | **$0.00** | **$0.00** |
| Other |  | **$0.00** | **$0.00** |
| **Total Cash Expenses:** |  | **$0.00** | **$0.00** |
| **Total In-Kind Expenses\*:** |  | **$0.00** | **$0.00** |
| **TOTAL EXPENSES:** |  | **$0.00** | **$0.00** |

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**\* 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: