

Twin Counties Cultural Fund

A joint project of the
Columbia & Greene Counties
Councils on the Arts



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Decentralization IA Program Final Report Form 2011

Please return this FINAL REPORT form no later than 30 days after the end of your program, or by January 15, 2011 whichever comes first. Please include complete documentation. Your consideration for future funding depends upon completion and timely submission of this form.

Name of Individual Artist: _____

Address: _____

_____ Phone: _____

Report Completed By: _____ Date _____

(Name)

1. **Please describe briefly the project for which you received funds.** Include the beginning and ending dates of the project and the extent to which the goals were reached. If the completed project differed from that stated in your contract with the Community Arts Grant Fund, please explain.

2. **Number of people involved in/impacted by your project:**

Youth: _____

Other Individuals: _____

Participating Artists: _____

Volunteers: _____

3. **Please describe briefly how the community was engaged in your creative process and/or reflected in your completed work.**

4. **What did these funds provide that would not have been possible without such aid**

5. **Do you have any suggestions for improvement or changes in this grant program?**

❖ **PLEASE COMPLETE THE REVERSE OF THIS REPORT ALSO.**

DEC FINAL REPORT FINANCIAL INFORMATION

1. In **Column "1"**, the Program Budget should show the same figures as appeared on your application.
2. In **Column "2"**, the Program Actual should reflect all actual cash expenditures and receipts related to the program funded through the Community Arts Grants Decentralization Program.

<u>EXPENSES:</u>	Program 1. <u>Budget/Original</u>	Program 2. <u>Budget/Actual</u>
Personnel		
- Administrative	_____	_____
- Artistic	_____	_____
- Other	_____	_____
Outside Fees & Services		
- Artists	_____	_____
- Other (technical, consultants, etc.)	_____	_____
Space Rental	_____	_____
Travel	_____	_____
Promotion	_____	_____
Remaining Operating (specify)	_____	_____
TOTAL EXPENSES	\$ _____	\$ _____
 <u>REVENUE:</u>		
A. Earned		
- Admissions	_____	_____
- Memberships	_____	_____
- Contracted Services	_____	_____
- Tuition/Class & Workshp Fees	_____	_____
- Fundraising Gross	_____	_____
- Ads/Sales/Concessions	_____	_____
Total Earned	\$ _____	\$ _____
B. Unearned (do <i>not</i> include DEC Grant)		
- Corporate/Business Donations	_____	_____
- Foundations	_____	_____
- Individual Contributions	_____	_____
- Federal Gov't (specify source)	_____	_____
- State Gov't (specify source)	_____	_____
- Local Gov't (specify source)	_____	_____
- Other (specify source)	_____	_____
Total Unearned	\$ _____	\$ _____
SUB-TOTAL REVENUE		
(before Decentralization)	\$ _____	\$ _____
C. Decentralization Grant ...	+ _____	+ _____
TOTAL REVENUE	\$ _____	\$ _____
Surplus or Deficit from Above		
<i>Total Revenue minus Total Expense</i>	\$ _____	\$ _____
In-Kind Contributions (dollar value)	\$ _____	\$ _____

I hereby certify that _____ has performed the service or activity stated in its agreement with the Community Arts Grants Fund and has done so during the time period agreed upon and in accordance with the approved budgets.

Signature _____ Title _____