

Twin Counties Cultural Fund

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



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Greene Arts

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Decentralization 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, 2012 whichever comes first. Please include complete documentation. Your consideration for future funding depends upon completion and timely submission of this form.

Name of Organization/Individual Artist: _____

Address: _____

Phone: _____

Report Completed By: _____ Date _____
(Name & Title)

1. Please describe briefly the program or service 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 program or service differed from that stated in your contract with the Community Arts Grants program, please explain.

2. Number of people served by this program:

| | |
|------------------------|-------|
| Youth | _____ |
| Other Individuals | _____ |
| Participating Artists: | _____ |
| Volunteers: | _____ |

If you were funded for several events, please complete the following or attach a separate listing.

| <u>Program/Service</u> | <u>Location</u> | <u>Date</u> | <u>Attendance</u> | <u>Income</u> |
|------------------------|-----------------|-------------|-------------------|---------------|
|------------------------|-----------------|-------------|-------------------|---------------|

3. Please describe methods used to publicize your organization's funded program(s). Include copies of any press releases and resulting publicity. Please include printed materials, such as programs, posters, etc.

4. Please describe how your funded program reflects the local community's needs, involvement and support.

COMPLETE THE BUDGET FORM BELOW.

Insert amounts from your original grant application in Column A1 & B1. Insert actual revenue & expenses in Columns A2 & B2. Do not list In-Kind contributions in your budget. List In-Kind above.

| PROJECT REVENUE | EXPLANATION ((how this amount was generated) | A1: Anticipated Budget Revenue (\$) | A2: Actual Revenue (\$) | DEC Award \$ |
|--|--|--|--------------------------------|---------------------|
| <i>Earned Income</i> | | | | |
| Admissions | | \$ | \$ | |
| Membership | | \$ | \$ | |
| Tuition, workshop fees | | \$ | \$ | |
| Sales, concessions | | \$ | \$ | |
| Other | | \$ | \$ | |
| | | \$ | \$ | |
| <i>Unearned Income</i> | | \$ | \$ | |
| Individual | | \$ | \$ | |
| Corporate Contributions | | \$ | \$ | |
| Government Grants | | \$ | \$ | |
| Fundraising events | | \$ | \$ | |
| Other | | \$ | \$ | |
| TOTAL REVENUE WITHOUT DEC | | \$ | \$ | |
| DEC AWARD | | | | |
| TOTAL ACTUAL REVENUE (A2) + DEC | | | \$ | |
| PROJECT EXPENSES | EXPLANATION (how this amount was generated) | B1: Budget Expenses \$ | B2: Actual Expenses \$ | |
| <i>Personnel (salaried)</i> | | | | |
| Administrative | | \$ | | |
| Artistic | | \$ | \$ | |
| Technical | | \$ | \$ | |
| Other | | \$ | \$ | |
| | | \$ | \$ | |
| <i>Outside Professional Services</i> | | | | |
| Administrative | | \$ | \$ | |
| Artistic | | \$ | \$ | |
| Technical | | \$ | \$ | |
| Space Rental | | \$ | \$ | |
| Equipment Rental | | \$ | \$ | |
| Travel/Transportation | | \$ | \$ | |
| Advertising/Promotion | | \$ | \$ | |
| Remaining Operating | | \$ | \$ | |
| TOTAL | | \$ | \$ | |
| Actual Expenses (B2) | | | | |
| | | | ↑ | |
| Actual Revenue (A2) + DEC Award | \$ | ← | SHOULD MATCH | |
| % of project funded by DEC | (DEC is not intended to be the sole source of funding) | | | |

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

Signature_____

Title_____

Date_____