



2009 ARTS GRANTS DECENTRALIZATION FINAL REPORT FORM



2009 Arts Grants DEC Grant Final Report MUST BE TYPED or COMPUTER GENERATED

Date: _____
 Organization: _____
 Project Title: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 County: _____ Contact Person: _____
 Title: _____ Tel: _____ Email: _____

Terms of Your Organization's Cultural Services Agreement with Arts Grants Decentralization Program and the New York State Council on the Arts State and Local Partnership Program: **This organization is required to file a final report.** Future funding depends upon completion of all program services requirements.

This report is to be received no later than 30 days following completion of program, or Dec. 31, 2009, **whichever comes first**, at Phelps Art Center, 15 Church St., Phelps, NY 14532.

I. PROGRAM/SERVICES:

1. Please describe the program for which this organization has received DEC funds:

2. Was your program completed as stated in the original contract? **Y**____ **N**____
 If NO, list any revisions/changes, even those reported to us.

II. ARTISTS:

1. How many artists, not only funded artists, were involved in the whole project? This number could be high – e.g. an orchestra that includes 40 artists:

Total Artists: _____

2. Please attach artist contract(s) if not submitted with original application.

IV. COMMUNITY BENEFIT:

1. How has your DEC-funded program addressed local community needs?

2. Identify the types of community support your program has received, such as volunteers, in-kind, corporate sponsors, etc. and list the sponsors' names:

3. How did you measure the success of this program? What did you find out from your audience/participants/artists? Enter all tabulated information from survey and from any other form of feedback used by your organization. Attach samples of the survey used.

4. What would you do differently?

V. Publicity/Advertising Review:

1. Check the forms of publicity/advertising used for this project by entering either a dollar amount or "0". Leave unused categories blank.

- | | |
|---|--------------------------------------|
| \$___ Public Service Announcements | \$___ Features on Community Programs |
| ___ Radio | \$___ Paid Radio Commercials |
| ___ Television | \$___ Paid Television Commercials |
| \$___ Interview with Artists | \$___ Paid Newspaper Ads |
| \$___ Website | \$___ Bill Boards |
| \$___ Inclusion in Merchant Advertising | \$___ Professional Photographer |
| \$___ Listing in Cultural Calendars | \$___ Other: Please Describe: |

Mass Mailing Telemarketing:

- | | |
|---------------------------|-------------------------------------|
| \$___ Promotional Fliers | \$___ Other: Please Describe Below: |
| \$___ Posters | _____ |
| \$___ Telephone Campaigns | _____ |

Total \$: _____

Distribution Points:

- Community Arts Organization Leaders
- Senior Citizen Centers
- Ethnic/Cultural Organizations
- Government Officials
- Professional Groups

- Teachers/School Administration
- PTA Leaders
- Other: Please Describe
- _____
- _____

2. List names of all media businesses (newspaper, pennysavers, radio, etc.) that were used:

3. Did you meet your publicity and advertising goals? Y_____ N_____

4. If no, please explain why the projected publicity/advertising plan was not carried out:

5. What would you do differently?

VI. PROJECT 2009 BUDGET: Do not include IN-KIND CONTRIBUTIONS in this section

PROJECT INCOME	Explanation (how this amount was generated)	COLUMN A \$ Amount
Earned Income		
Admissions/Box Office		
Membership Dues		
Tuition, Workshop Fees, etc.		
Sales, Concessions, etc.		
Parking		
Other		
Unearned Income		
Corporate Contributions		
Foundation Grants		
Government Grants		
Fund-Raising Events		
Other		

TOTAL CASH INCOME (A) \$ _____

PROJECT EXPENSES	Fee or Per Hour Rate (ex. \$15 hr x 10 hrs)	COLUMN B \$ DEC Expenses	COLUMN C \$ Organization Expense
Artistic Personnel			
Technical Production			
Administrative			
Equipment Rental			
Space Rental			
Travel/ Transportation			
Publicity/Advertising			
Other			
	TOTAL		

1. Budget Surplus: _____
2. Budget Deficit: _____
3. Overall Amount of Budget paid by DEC: _____

VI. PROJECT 2009 BUDGET (Continued):

4.	In-Kind Contributions Amounts	Explanation
	Personnel:	
	\$ _____ Artistic	_____
	\$ _____ Administrative	_____
	\$ _____ Technical Production	_____
	\$ _____ Equipment Purchases	_____
	\$ _____ Space Rental	_____
	\$ _____ Travel/Transportation	_____
	\$ _____ Advertising/Promotion	_____
	\$ _____ Other In-Kind Contributions	_____

5. Total of all In-Kind Contributions: \$ _____

6. Did you meet your fundraising and budget goals? Y____ N____

7. If no, please explain why the projected target budget was not met:

8. What would you do differently?

VII. FINANCIAL STATEMENT:

1. List all checks written against FLAGS DEC funds awarded for this project in the table below. The sum of all checks in the last column should total the amount of the DEC grant awarded to this Organization:

Date	Check #	To	Check Amount	DEC Amount
		DEC EXPENSES	TOTAL	\$

VIII. FEEDBACK ABOUT THE Arts Grants DEC GRANT PROGRAM:

1. List any suggestions about how the local DEC Program could better serve you:

2. What aspects of the re-grant program do you find successful?

3. What aspects do you find unsuccessful?

4. On a scale of 1 through 5 (five being highest) rate the following as being beneficial to you:

Application Materials	5	4	3	2	1
Seminars	5	4	3	2	1
Review Process	5	4	3	2	1
Reporting Requirements	5	4	3	2	1

Comments: _____

IX. CERTIFICATION

I hereby certify that _____ performed the services as stated in the original agreement contract with the DEC Program and has done so during the period agreed upon and in accordance with submitted or revised and approved budgets.

Signature of Project Manager: _____ Date: _____

Typed Name of Signature: _____

Signature of Chief Executive Officer: _____ Date: _____

Typed Name of Signature: _____ Telephone: _____