



Greene Arts

Greene County Council on the Arts
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"CIP"
FINAL REPORT FORM
(PLEASE TYPE)

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. Submit two copies with complete documentation. Your consideration for future funding depends upon completion and timely submission of this form.

NAME OF ORGANIZATION: _____

ADDRESS: _____

PHONE: _____

REPORT COMPLETED BY: _____ DATE _____
(Name & Title)

1. Please describe briefly the program or service for which your organization 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 GCCA, please explain.

2. How many people were served by this program?

NUMBER OF INDIVIDUALS ATTENDING _____
NUMBER OF ARTISTS PARTICIPATING: _____
NUMBER OF VOLUNTEERS INVOLVED: _____
NUMBER OF EMPLOYEES _____

Please complete the following or attach a separate listing of your funded programs/events.

PROGRAM/EVENT LOCATION DATE ATTENDANCE INCOME

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

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

5. What did these funds provide that would not have been possible for your organization without such aid?

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

Please complete the financial information on the reverse.

**CIP FINAL REPORT
FINANCIAL INFORMATION**

1. Please submit your organization's financial statements (expenses, revenues, balance sheets, etc.) for the fiscal year in which the project was completed and enclose with this report. **Fiscal Year Ends (mo/day):**_____. Complete **Column A** from these reports or, if your fiscal year has not yet ended, estimate total organizational figures and submit revisions with financial statements.

(Please check one)

Financial statements enclosed:_____ (or) **Available by:**_____

2. If you have received General Operating Support, please ignore Column "B" and leave it blank. However, if you have received specific project support complete both Column "A" and Column "B". In Column "B" indicate only expenses and income for project(s) supported by GCCA's "CIP" grant.

	<i>Organization's</i> A. <u>Total Budget</u>	<i>Funded Program(s)</i> B. <u>Program Budget</u>
EXPENSES:		
Personnel:		
- Administrative	_____	_____
- Artistic	_____	_____
- Other	_____	_____
Outside Fees & Services:		
- Artists	_____	_____
- Other (tech., consultants, etc.)	_____	_____
Space Rental	_____	_____
Travel	_____	_____
Promotion	_____	_____
Remaining Operating	_____	_____
TOTAL EXPENSES	\$ _____	\$ _____
 REVENUE:		
Earned		
- Admissions	_____	_____
- Memberships	_____	_____
- Contracted Services	_____	_____
- Tuition/Class & Wrkshp Fees	_____	_____
- Fundraising Gross	_____	_____
- Ads/Sales/Concessions	_____	_____
Total Earned Revenue	\$ _____	\$ _____
Unearned		
- 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 Revenue	\$ _____	\$ _____
SUB-TOTAL REVENUE <i>(before "CIP" Grant)</i>	\$ _____	\$ _____
"CIP" Grant from GCCA	+ _____	+ _____
TOTAL REVENUE	\$ _____	\$ _____
Surplus or Deficit from Above (please explain)	\$ _____	\$ _____
In-Kind Contributions (dollar value)	\$ _____	\$ _____

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

Signature _____ Title _____ Date _____