

- 8. How did you promote this project?**

- 9. How did you acknowledge receipt of the SMAHC grant---how was the public informed about the source of funding? (Please send a copy of the program, a poster, a newspaper article or advertisement in which the grant has been acknowledged.)**

- 10. What means were used to evaluate this program?**

- 11. So that we may better serve you, we need your suggestions. Please comment on how SMAHC has served you during this granting process and feel free to offer suggestions about ways in which SMAHC can better serve you and the arts community (i.e., communication with staff, clarity and content of the application and other forms related to this grant, the nature of this grant, suggestions for new programs).**

- 12. In order for us to inform our legislators on how important state arts funds are to the citizens of our region, please give us a brief statement describing the impact this grant had on your community. What effect, if any, will this investment of public resources have on the success of your community and its citizens? What would you have done without these funds?**

- 13. How many community people attended or participated in the community event: _____ Describe the community event:**

- 14. How many participated in the in-service or training component: _____ Describe the in-service or training component:**

- 15. How many students participated in the project: _____**

- 16. Provide number of people directly involved in the development and/or production of the project (planning team, classroom teachers, volunteers, etc.): _____**

- 17. Provide number of artists directly involved in the project: _____**

18. Please provide an interesting anecdote or tell a brief story about an important achievement related to the residency. If possible, please include photos, newspaper articles, or video documentation of the project with this report.

Part B Budget Information:

Please write the figures from your application in the column entitled *Grant Budget*, and write the actual amount paid out or received in the column entitled *Actual Totals*. If actual amounts differ from application, show method of calculation and itemize. Round to the nearest dollar.

<u>COST OF PROJECT</u>	<u>Grant Budget</u>	<u>Actual Totals</u>
1. Salaries, Artist Fees, Contracts & Honorariums:	\$ _____(1A)	\$ _____(1B)
2. Transportation & Subsistence	\$ _____(2A)	\$ _____(2B)
3. Expendable Supplies & Materials	\$ _____(3A)	\$ _____(3B)
4. Publicity (Ads, Printing, etc.)	\$ _____(4A)	\$ _____(4B)
5. Rental	\$ _____(5A)	\$ _____(5B)
6. Other	\$ _____(6A)	\$ _____(6B)
7. Total Cash Cost of Project (Add lines 1 through 6)	\$ _____(7A)	\$ _____(7B)
<u>MATCH FOR PROJECT</u>		
8. Organization Funds Budgeted for Project	\$ _____(8A)	\$ _____(8B)
9. Other Grants and Cash Contributions (Indicate source)	\$ _____(9A)	\$ _____(9B)
10. Earned Income (Ticket sales, fundraisers, concessions, etc.)	\$ _____(10A)	\$ _____(10B)
11. Total Cash Income (Add lines 8–10)	\$ _____(11A)	\$ _____(11B)
12. Actual SMAHC Grant Award	\$ _____(12A)	\$ _____(12B)
13. Total Income (Add lines 11 & 12)	\$ _____(13A)	\$ _____(13B)
14. Total Cost of Project (From line 7)	\$ _____(14A)	\$ _____(14B)
15. Project's Profit or Loss* (Line 14 minus line 13)	\$ _____(15A)	\$ _____(15B)

*If a loss is sustained, how the deficit will be covered? If a profit is realized, where funds will be directed?

Part C Evaluation:

Please rate and comment on the following list of residency requirements and possible goals. How and to what extent were they met?

1 = was not a goal; 2 = goal was not well met; 3 = goal was adequately met; 4 = goal exceeded expectations

____A. Professional development for classroom teachers. Comments:

____B. Planning with artist and teacher-artist contact time. Comments:

____C. Community involvement in residency. Comments:

____D. Student assessment and improvement in learning a new art form. Comments:

E. Please rate and comment on any other residency goals. Use rating options as above and comment:

- ____ 1. Art-form taught with art curriculum _____
- ____ 2. Art-form taught with other curriculum _____
- ____ 3. Student learning in art form improved _____
- ____ 4. Student learning in other curricular areas improved _____
- ____ 5. Impact of residency on School Community _____
- ____ 6. Other _____

F. What do you feel will be the long-term impact of this residency on your school, staff, students and curriculum? (check all that apply)

- ____ Teacher has obtained new skills to deliver ongoing arts education curriculum.
- ____ Students have deeper understanding of a particular culture.
- ____ Teachers and/or students have an advanced awareness of arts resources.
- ____ Residency enabled teacher to see/nurture strengths in more members of the class.
- ____ Other(s). Please describe:

G. How did you evaluate the residency to determine its effectiveness? Check all that apply:

- ____ Pre-and /or post testing of students.
- ____ Student responses
- ____ Staff critique
- ____ Other(s). Please describe:

Part D Artist Critique:

Artist Name _____ Artistic Discipline _____

- _____ Number of residency days with students
- _____ Year Artist was introduced to School Community
- _____ Number of past residencies conducted by same artist since that time (if known)

1 = Inadequate; 2 = Adequate; 3 = Good; 4 = Outstanding

- _____ This artist was well suited for our school and/or residency goals
- _____ Artist was helpful and accessible during the planning process for the residency
- _____ Artist came to the residency well prepared
- _____ The activities were suitable for the classes involved and age appropriate
- _____ Artist gave participants an appreciation/understanding of the artist's role
- _____ Artist communicated well with staff
- _____ Artist worked well with students
- _____ Artist participated in the Community events (if applicable)
- _____ Artist was on time, available for all scheduled events
- _____ Teacher in-service was effective
- _____ Overall Rating

Comments: Please provide comments to elaborate on the above ratings.

Part E Check list and Certification Statement:

Submit the following items within 60 days of the project completion:

- _____ Pages 1-6 of final report form
- _____ One program, poster, brochure, etc., with a sample credit line acknowledging SMAHC funding
- _____ Photos, newspaper articles, or video documentation, when possible.

Return the completed final report and attachments to:

Southwest Minnesota Arts & Humanities Council
1210 East College Drive, Suite #600
Marshall, MN 56258

Retain a copy for your records.

Certification: We certify that the information contained in this application is true and correct to the best of our knowledge.

Authorizing Official: _____	_____	_____	_____	_____
	Typed Name	Title	Signature	Date
Project Director: _____	_____	_____	_____	_____
	Typed Name	Title	Signature	Date
Fiscal Agent (if applicable): _____	_____	_____	_____	_____
	Typed Name	Title	Signature	Date