SOUTHWEST MINNESOTA ARTS & HUMANITIES COUNCIL
1210 East College Drive, Suite 600
Marshall, Minnesota 56258
smahcinfo@iw.net / www.smahc.org
(507) 537-1471 or (800) 622-5284

For Office Use Only
Application # _____
Due Date: _____
Date Received: _____

LOCAL ARTS DEVELOPMENT GRANT ~ PROJECT REPORT FORM

All recipients of SMAHC grants must complete and return this form to SMAHC within 60 days of the completion of their project. Future requests from the applicant will not be considered until the final reports from completed past projects have been filed. Projects that run over a long period of time and are in progress when the applicant applies for another grant will require a progress report prior to the review of the subsequent application. If your project is not completed within one year of the grant award, you must file a progress report. Please direct any questions and send your completed form to the address above.

Please Type or Write Legibly!

*Answers to the questions may be submitted on a separate sheet of paper.

Check One: Final: _____ Progress: _____

Organization Name: _____

Project Name, Date and Location: _____

Project Director Name, Address, Phone Number, and Email Address:_____
_____

1. Provide a SHORT DESCRIPTION of the project. Describe any changes from the original description in your application or revised budget:

2. Please explain how the record keeping was handled. Did the record keeping for this project pose any special difficulties? Be specific.

3. Number of people in ORGANIZATION served by this project:_____
4. Number of OTHER people served by this project: _____
5. How did you acknowledge receipt of the SMAHC Grant? (Please send a copy of the program, a poster, a newspaper article, or advertisement that acknowledged the grant.)

6. Attach the original itemized budget and include the ACTUAL costs of all budgeted items. Explain any differences between the budgeted amounts and the actual costs. Be specific.

7. What were the strengths of the project?

8. How could this project have been improved? Were there any weaknesses or problems, which could have, been avoided?

9. What means were used to evaluate this program?

10. If any, what long-term benefits do you see from this project?

11. In order for us to let our legislators know how important State arts funding is to the citizens of our region, please give us a brief statement describing the impact this grant had on your community. Without these funds, what would not have happened?

12. Indicate the number of special populations served:

____Asian	____Hearing Impaired	____Veteran	____White/Not Hispanic
____Black/Not Hispanic	____Visually Impaired	____Senior Citizen	____Other:_____
____Native American	____Physically Impaired	____Hispanic	____Mentally or Psychologically Impaired

13. In order to better serve you, we need your suggestions. Please feel free to describe areas that SMAHC can improve the services to you. (For example, is there adequate communication between SMAHC staff and the grantee? Are the program information, application and the final report forms clear and understandable?):

We certify that the information in this report including the budget information is true and correct to the best of our knowledge.

Authorizing Person (print)	Signature	Date	Telephone #
Project Director (print)	Signature	Date	Telephone #
Fiscal Agent (print)	Signature	Date	Telephone #