

SOUTHWEST MINNESOTA ARTS & HUMANITIES COUNCIL
1210 E. College Drive, Suite 600
Marshall, Minnesota 56258
smahcinfo@iw.net / www.smahc.org
(507) 537-1471 or 1-800-622-5284

FOR OFFICE USE ONLY

Project Number: _____

Due Date: _____

Date Received: _____

LEGACY GRANT FOR ORGANIZATIONS & COMMUNITIES
PROJECT FINAL REPORT FORM

PLEASE TYPE OR WRITE LEGIBLY

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.

Part A GENERAL INFORMATION, PROJECT DESCRIPTION and GRANT EVALUATION

1. Organization Name: _____

2. Project Name, Date(s), and Location: _____

3. Contact Person Name, Address, Phone Number, and Email Address: _____

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

5. What was the impact (i.e. benefits, needs met, new skills acquired, etc.) of this project on your organization?

6. What was the impact on your community? How did this project help to create a legacy?

7. What were the strengths of the project?

Part B PROJECT BUDGET: Please put the figures from your application in the column entitled "Grant Budget," and put the actual amount paid out or received in the column entitled "Actual Totals." Clearly identify each item. Show method of calculations (hours, rate, number of people, etc.). Round to the nearest dollar. Detail expenses.

Explain any budget variances. Attach separate sheet if necessary.

<u>COST OF PROJECT</u>	<u>Cash only</u> <u>GRANT BUDGET</u>	<u>Cash only</u> <u>ACTUAL TOTALS</u>
1. Salaries, Artist Fees, Contracts & Honorariums:	\$ _____	\$ _____ (1)
2. Expendable Supplies & Materials	\$ _____	\$ _____ (2)
3. Transportation & Subsistence	\$ _____	\$ _____ (3)
4. Publicity (Ads, Printing, etc.)	\$ _____	\$ _____ (4)
5. Rental	\$ _____	\$ _____ (5)
6. Other	\$ _____	\$ _____ (6)
7. Total Cash Cost of Project (ADD LINES 1 THROUGH 6)	\$ _____	\$ _____ (7)
<u>MATCH FOR PROJECT</u>		
8. Organization Funds Budgeted for Project *Actual should be same as budget.	\$ _____	*\$ _____ (8)
9. Ticket Sales	\$ _____	\$ _____ (10)
10. Other Income (INDICATE SOURCE, ie, Grants, Fundraisers, Concessions, etc)	\$ _____	\$ _____ (9)

11. Total Cash (ADD LINES 8 THROUGH 10)	\$ _____	\$ _____ (11)
12. SMAHC Grant Award.	\$ _____	\$ _____ (12)
13. Total Match for Project (LINE 11 + LINE 12)	\$ _____	\$ _____ (13)
14. Project Profit or <Loss>* (LINE 13 – LINE 7)	\$ _____	\$ _____ (14)*

15. *If Loss--how will it be covered, if Profit--how will funds be used?

16. Explain any budget variances. Attach a separate page if necessary.

17. List ticket prices & the number of tickets sold for all price categories (adult, children, seniors, students, etc.) for this event.

<u>CATEGORY COST</u>	<u>AUDIENCE</u>	<u>ADMISSION FEE</u>	<u>SUBTOTAL</u>
<i>Example: Seniors</i>	200	X \$4.00 =	\$800.00
_____	_____	_____ =	_____
_____	_____	_____ =	_____
_____	_____	_____ =	_____
_____	_____	_____ =	_____

TOTAL (ALL CATEGORIES): # _____ \$ _____

18. If you had more than one performance, list the total audience for each performance - list by date or location:

NOTE: Please submit digital images of your project so that we can include them on our website or other promotional materials. Images can be emailed as .jpg attachments to smahcinfo@iw.net or submitted on a CD or DVD.

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

Authorizing Official:

Typed Name	Title	Signature
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Project Director:

Typed Name	Title	Signature
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Fiscal Agent (if applicable):

Typed Name	Title	Signature
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