

United Arts Regional Artist Project Grant Final Report Form

DEADLINE: December 31st. Payment of remaining award will not be made until the final report has been received and approved.

RETURN TO: Community Arts and Grants Manager, United Arts Council of Raleigh and Wake County, 110 South Blount Street, Raleigh, N.C., 27601.

COPIES REQUIRED: One.

Year of award _____

Name _____

Mailing Address _____

_____ City State Zip

Phone _____ Fax _____ E-Mail _____

FOR STATISTICAL PURPOSES ONLY:

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian/Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White, not Hispanic |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Multi-Racial (if no single race applies) |
| <input type="checkbox"/> Senior citizen (age 65 and over) | <input type="checkbox"/> Other |

PROJECT DESCRIPTION

Attach a one to two page narrative describing the project. Include the goals of the project, how the grant helped or did not help to achieve the project goals and the impact this project will have on your career as an artist.

PROJECT BUDGET

Grant Amount Awarded _____ Grant Amount Spent* _____

*Grant amount spent must equal the Grant Amount Awarded in order to receive the full Grant Award. The remaining funds are on a reimbursement basis only. If the grantee has not spent the entire amount awarded, the remaining balance of grant funds will return to United Arts.

Attach a project budget form summarizing all income and expenses. Attach copies of all receipts. Actual receipts, invoices, etc. should be available for three years as described in the grant contract.

PROJECT DOCUMENTATION

Attach one copy of any materials documenting the project. Include photographs or slides of completed work, samples of printed materials, newspaper articles, etc. Highlight appropriate credit for grant sponsors.

CERTIFICATION

I certify that the foregoing report, attachments and supporting material is true, accurate and complete to the best of my knowledge and that the expenditures are for the purposes set forth in the grant award documents.

Signature of Grantee Date

Regional Artist Project Grant Final Budget Form

Applicant Name _____

PROJECT EXPENSES	Total Cash Expenses*	Applicant = Cash Match If Any	United Arts + Grant	Inkind Amount	Contribution Source
Contracted Services (if any):					
- Artistic	_____	= _____	+ _____	_____	_____
- Technical/Production	_____	= _____	+ _____	_____	_____
Class/Workshop Tuition	_____	= _____	+ _____	_____	_____
Equipment (as related to project)**	_____	= _____	+ _____	_____	_____
PR/Marketing	_____	= _____	+ _____	_____	_____
Postage	_____	= _____	+ _____	_____	_____
Printing	_____	= _____	+ _____	_____	_____
Space Rental (as related to project)	_____	= _____	+ _____	_____	_____
Supplies **	_____	= _____	+ _____	_____	_____
Travel	_____	= _____	+ _____	_____	_____
Other (specify) _____	_____	= _____	+ _____	_____	_____
Other (specify) _____	_____	= _____	+ _____	_____	_____
Other (specify) _____	_____	= _____	+ _____	_____	_____
Other (specify) _____	_____	= _____	+ _____	_____	_____
Other (specify) _____	_____	= _____	+ _____	_____	_____
TOTALS	_____	= _____	+ _____	_____	_____

*Total Cash Expenses must be equal to Total Cash Income below

**On a separate sheet, please list specific supplies or equipment and itemized costs

(In-kind cannot be used to match the grant requested)

PROJECT INCOME	Cash Income
Earned Income	
Admissions	_____
Perf/Exhibit Fees & Sales	_____
Sponsorships	_____
Advertising	_____
Special Events/Benefits	_____
Other	_____ (specify _____)
Other	_____ (specify _____)
Contributed Income	
Individual Artist(s)	_____
Other Individuals	_____
Foundations	_____
Corporations/Businesses	_____
Other Grants (Regional Artist Grants cannot be used to match fund from the North Carolina Arts Council)	
Government	
Federal	_____ (specify _____)
State	_____ (specify _____)
City	_____ (specify _____)
Other	_____ (specify _____)
Other	_____ (specify _____)
Other	_____ (specify _____)

Total Applicant Cash Income = _____ + _____ = _____
 If Any United Arts Grant Total Income (must equal Total Expenses above)

Regional Artist Project Grant Request for Payment II Form



DEADLINE: Submit with final report by December 31st.

The final request for payment can not be processed until a final report has been received and approved.

RETURN TO: Community Arts and Grants Manager, United Arts Council of Raleigh and Wake County, 110 South Blount Street, Raleigh, N.C., 27601.

COPIES REQUIRED: One.

REGIONAL ARTIST PROJECT GRANT PROGRAM

Year of award _____

Project End Date _____

Payee _____

Social Security Number _____

Mailing Address

City	State	Zip
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Remainder of Grant Requested _____

Submitted by:

Signature of Grantee Date

Typed or Printed Name of Grantee

United Arts Office Use Only:

Approved by _____

Paid Date _____ Check # _____

Charge to following account:

6370	300	Regional Artist Program
Account #	Department	Amount Account Name