# Community Arts Regrant Final Report

**All Community Arts Regrant Recipients (including Arts Ed. Grantees & Individual Artist Grantees) are responsible for completing a Final Report 30 days after the completion of their project. Please type responses into the document and attach additional pages as needed for longer responses.**

Please submit the completed form back to Saratoga Arts within 30 days of completing your project either by converting documents and all materials to pdf format and emailing to grants@saratoga-arts.org or by mailing hard copies to: Saratoga Arts, 320 Broadway, Saratoga Springs, NY 12866 ATTN: Grants Coordinator.

|  |
| --- |
| Recipient (Organization/Individual):  |
| Project Title: |
| Recipient Address:  |
| Report Prepared By:  |
| Date:  | Phone:  | E-Mail:  |

|  |
| --- |
| *Please briefly describe the specific project for which funding was received, including the structure of events, goals of the project, the artists involved, etc.* |
| *Please list all events (performances, workshops, etc.) that occurred as a part of your funded program.*  |
| *Did you change your project (relevant facts, estimates, projections, etc.) as outlined in your application or agreement? If so, please list and explain the changes here. Were these changes approved by the Grants Coordinator?*  |

Please list/estimate the number of people involved in your funded program as accurately as possible. Include everyone who participated in your program in any way, including workshop participants, the audience at performances, viewers of exhibits, virtual audience estimated numbers. For multiple events, please provide attendance figures for each event. Please list the combined totals for all events at the bottom of the table.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Event Title/Date** | **Number of Artists** | **Number of Overall Audience Members/Participants** | **Number of Youth Audience Members/****Participants** | **Number of Minority Audience Members/****Participants** | **Number of Special Constituency Audience Members/****Participants** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |

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| --- |
| *Please describe the audience's reaction or response to your program. Did the audience's size and composition meet your expectations?*  |
| *How did you or your organization publicize this event? Did you include the required Saratoga Arts logo & funding credit language on all publicized materials? Please attach a copy of all publicity and printed materials you produced for this event (flyers, press releases, advertisements, brochures, programs, news articles, etc.).* |
| *From your perspective, how has your program reflected/addressed local community needs? If applicable, please attach one copy of any internal evaluation you may have done with a brief note on your findings regarding the project.* |
| *How have you or your organization benefited from a Community Arts Regrant? Have you observed any changes in your ability to achieve artistic goals, shifts in organization structure, increased volunteer support, or increased fundraising capability as a result of your Community Arts Regrant?*  |
| *What kind of assistance would you like to have provided in order to help you plan and/or execute a Community Arts Regrant project in the future? Did you find the Community Arts Regrant application seminars to be helpful in planning your project? If not, how can we make them more effective? Do you have any suggestions for improvement or changes in the Community Arts Regrant / Statewide Community Regrant program?* |

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The undersigned is a principal grantee or the principal officer/director of the above-named organization and hereby certifies that, to the best of their knowledge, the information contained in this report and any attachments is accurate or represents a reasonable estimate based on information available at this time, and that there are no misstatements or misrepresentations in the information submitted herein or as a supplement to this report.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(PLEASE PRINT) (PLEASE PRINT)*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete the Project Financial Statement and include the appropriate attachments.**

Community Arts Regrants Final Report - Financial Statement

* Provide actual figures for all income and expenses associated with your Community Arts Regrant-funded project.
* Attach copies of receipts for the grant-funded expenses only.

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| --- | --- | --- |
| PROJECT INCOME |  | PROJECT EXPENSES *(attach itemized list)* |
| *EARNED:* |  |  | Personnel  |  |
|  Admissions, Tuition Fees, etc. | $ |  |  Administrative  | $ |
|  Concessions/Sales | $ |  |  Artistic  | $ |
|  Fundraising Events | $ |  |  Technical | $ |
|  Other *(specify)*: |  |  | Other Professional Services *(specify)* |  |
|  | $ |  |  | $ |
|  |  |  |  | $ |
| *TOTAL EARNED INCOME:* | $ |  |  | $ |
|  |  |  |  |  |
| *UNEARNED:* |  |  | Materials/Supplies *(include on itemized list)*(e.g. art supplies, scenery materials, costumes, music scores, photographic supplies, literary materials, etc.) | $ |
|  Government support *(specify)* | $ |  |
|  |
|  | Equipment Rental | $ |
|  Business/Corporate Donations | $ |  | Space Rental | $ |
|  Membership Fees | $ |  | Travel/Transportation | $ |
|  Individual Contributions | $ |  | Promotion/Publicity *(include printing)* | $ |
| Saratoga Arts Community Arts Grant | $ |  | Other *(specify):* | $ |
| Other *(specify):* | $ |  |  | $ |
|  | $ |  |  | $ |
| *TOTAL UNEARNED INCOME:* | $ |  |  | $ |
|  |  |  |  | $ |
| TOTAL PROJECT INCOME | $ |  | TOTAL PROJECT EXPENSES | $ |

|  |  |
| --- | --- |
| NET GAIN OR (LOSS) [e.g. Income minus Expenses] |  $ |

Please list and estimate the value of all In-Kind Donations you received for your Community Arts Regrant-funded program. Use an additional sheet if necessary.

|  |  |
| --- | --- |
| In-Kind Donations | $ Value |
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FINAL REPORT ATTACHMENTS:

* Photos/Videos or other similar documentation if available
* Articles and/or Reviews about the project, if available/applicable
* Copies of all Publicity produced for the funded program
* Copies of Receipts, as described above

If you have any questions, please contact the Grants Coordinator,

grants@saratoga-arts.org or call 518-584-4132.