

NHSCOT FUND

Heritage • Culture • Future



FINAL REPORT FORM

GRANT # _____

DUE DATE: No later than 60 days after the completion of the grant period as scheduled below.

***IMPORTANT:** An extension may be requested. Requests must be submitted in writing **before** the deadline for filing has passed to the grant coordinator responsible for administering the grant. Failure to submit this report by the original or extended due date will make you **ineligible to apply** for any type of NHSCOT FUND grant.

A. GRANTEE INFORMATION:

TYPE OF GRANT:

Name:

Address:

City, State, Zip:

Daytime Telephone:

Alternate Telephone Number:

Email:

B. BENEFICIARIES: Enter actual total numbers as requested into the boxes in right column.

1. Indicate number of individuals benefiting from your activities during the grant period (e.g., audience, students, etc., excluding employees and/or paid performers):	
2. Indicate number of artists participating:	
3. Indicate number of professional New Hampshire artists participating:	
4. Indicate number of communities benefiting from this project:	
5. Indicate number of students/youth benefiting from this project:	
6. Indicate what percentage of the project activities are directed toward arts education: If answer above is greater than "0" please put an "X" to indicate who the activities were directed to: ____ Pre-Kindergarten ____ K-12 ____ Higher education ____ Adult Learner	
7. Indicate the number of teachers involved:	
8. Indicate the number of school staff involved:	

C. GRANTEE INFORMATION:

From Section F. Actual Financial Statement Part 1 & 2, complete the following:

Grant Amount	\$	Total Cash Expense	\$
Total Cash Income	\$	Total Value of In-Kind	\$

NAME:
GRANT #:

D. WRITTEN EVALUATION

On separate sheets, answer the following questions in the order they appear. Attach no more than 5 typed pages and please number your responses.

1. Briefly, describe and evaluate the funded project in terms of the original application submitted.
 - How well did the project meet your goals and objectives as proposed?
 - If your goals were not met at all, explain why and whether the project met equally valuable, but different, goals or what you learned from your experience.
2. If there are differences between the application or revised budget and the actual income and expenses that the project generated, explain the reason for the differences.
3. What impact do you think this professional development opportunity will have on you as an artist?
4. How did you credit the NHSCOT FUND (where appropriate) for the funded activity/project? (e.g., on your website, printed materials) Please enclose sample of the credit as it appeared.
 - On one page or less, provide an anecdote and a statistical statement that persuasively demonstrate how effectively this funded project delivered public benefits to the citizens of New Hampshire.

E. DOCUMENTATION

1. Provide 1 to 5 images in the form of photographic prints or digital images of the funded activity/project that show the range of activities funded. Digital images may be submitted on compact disc (CD) or emailed to bonnie@nhscot.org and should be a minimum of 5" x 7" at 300 dpi. Images should be saved as JPG or IBM formatted TIF files.

NHSCOT may use images for promotional purposes. Therefore, provide a list that identifies the content of each photo, the names of people pictured, and the photographer's name or source you wish credited and an identification of what the image portrays. Your submission of images will be interpreted as permission for NHSCOT to publish the image/s for promotional/educational purposes.
2. Attach a selection of reviews and other publications about your activities during the grant period.

NAME:
GRANT #:

F. ACTUAL FINANCIAL STATEMENT

EXPENSES FOR PROJECT ONLY ↓	CASH ↓	IN-KIND ↓
<i>(PLEASE ITEMIZE)</i>		
SUPPLIES AND MATERIALS: _____:\$.....	\$.....
_____:\$.....	\$.....
REGISTRATION OR ENTRY FEES: _____:\$.....	\$.....
_____:\$.....	\$.....
CONTRACTED SERVICES: _____:\$.....	\$.....
_____:\$.....	\$.....
EQUIPMENT: _____:\$.....	\$.....
_____:\$.....	\$.....
SPACE RENTAL (<i>location/rate</i>): _____:\$.....	\$.....
TRAVEL: (<i>specify mileage, per diems, expenses</i>)		
In-state:.....\$.....	\$.....
Out-of-state:\$.....	\$.....
MARKETING/PUBLICITY: (<i>specify</i>).....\$.....	\$.....
REMAINING PROJECT EXPENSES: (<i>please itemize</i>)		
_____:\$.....	\$.....
_____:\$.....	\$.....
_____:\$.....	\$.....
_____:\$.....	\$.....
TOTAL CASH EXPENSES: (<i>must equal Total Cash Income</i>)\$.....	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS:\$.....
Identify sources of in-kind (donated services or goods) contributions here: _____		

Actual Financial Statement (Continued)

PART 2 - INCOME

CASH ↓

IN-KIND ↓

Please complete the information on lines provided. Attach more pages as needed and number sections accordingly

REVENUE – EARNED INCOME:

Fees for Services: \$ \$

Employer Reimbursement: \$ \$

Contracted Services (*specify*): \$ \$

Other Revenue (*specify*): \$ \$

..... \$ \$

SUPPORT - UNEARNED INCOME:

Corporate Sponsorships (*identify*): \$ \$

Private Foundations (*identify*): \$ \$

Other Support (*includes scholarships / fellowships*)

..... : \$ \$

..... : \$ \$

GOVERNMENT SUPPORT:

Federal: \$ \$

State: \$ \$

Local: \$ \$

APPLICANT CASH: \$ \$

SUB-TOTAL (*Income from Above*): \$ \$

GRANT AMOUNT REQUESTED FROM NHSCOT FUND: + \$

TOTAL CASH INCOME: (*Must equal Total Cash Expenses*) = \$

I certify that all the facts in this report and its attachments are true, and that the monies were spent as stipulated in the contract signed with the NHSCOT FUND.

Signature _____ **Date** _____

Name (Please type or print) _____

Send completed form to: **NHSCOT FUND, 25 Triangle Park Drive, Suite 4, Concord, NH 03301**