# D.C. COMMISSION ON THE ARTS AND HUMANITIES

**FINAL NARRATIVE REPORT FORM (804)**

**FISCAL YEAR**

**SEND TO:**

200 I (EYE) Street, SE

Suite 1400

Washington, DC 20003

**NOTE**: All grantees are required to submit a Final Narrative Report upon the completion of the grant period as indicated in your grant award letter, unless otherwise stipulated.

Grantees should refer to the budget (original or revised) submitted with the original grant award package.

Grantee Name

Grant Award Number Grant Amount Grant Period

Contact Name Title

Address Ward #

Contact Email Website

Contact Phone

**FINAL EVALUATIVE NARRATIVE**

(Attach additional pages if necessary.)

1. What measures were used to evaluate the grant period? Please be specific.
2. Were there any notable successes during the grant period? Briefly describe.

1. What suggestions do you have for improvement in the grants process?

### Where applicable, lease attach support materials

**(i.e. programs, announcements, invitations, press reviews, etc.).**

## Project Descriptors

Project Descriptors: Check off one or more of the following “descriptors” if it applies to a significant portion (50% or more) of the grant activities. Leave lines blank if none apply.

Accessibility: \_\_\_\_

International: \_\_\_\_

Presenting/Touring: \_\_\_\_

Technology \_\_\_\_

Youth at Risk: \_\_\_\_

**Arts Education**

Please indicate the extent of Arts Education activities (if any) accomplished by this project. Leave lines blank if none apply.

|  |  |  |  |
| --- | --- | --- | --- |
| Less than 50% of project activities are arts education directed to | | 50% or more of project activities are arts education directed to | |
|  | |  | |
| A. K-12 | 🞎 | A. K-12 | 🞎 |
| B. Higher Education | 🞎 | B. Higher Education | 🞎 |
| C. Pre-kindergarten | 🞎 | C. Pre-kindergarten | 🞎 |
| D. Adult learners | 🞎 | D. Adult learners | 🞎 |

**FINAL FINANCIAL REPORT FORM (805)**

**INSTRUCTIONS**

**BUDGET AND EXPENDITURE REPORT**

**INSTRUCTIONS:** **At the end of the grant period, grantees are required to submit the Final Financial Report Form (805), accompanied by** **the appropriate supporting documentation** **(i.e., official payroll ledgers, cancelled checks with corresponding invoices and/or official paid receipts)**.

* You must document expenditures for 100% of the grant amount.
* If the grant requires a match, you must also document expenditures for 100% of the match amount.
* Please do not document expenditures that exceed the total grant and match amount.
* Please complete the Project Budget (Column A). Refer to Column C of the project budget submitted on the Form 803 with your grant agreement to complete this section.
* Please complete DCCAH Costs (Column B). Enter the actual expenses attributed to DCCAH funds to-date. Organize, label and attach documentation (such as copies of canceled checks, official receipts, etc.). Canceled checks must be photocopied on both sides.
* Please complete Matching Costs (Column C).Indicate the application of funds other than the DCCAH grant toward expenses incurred to-date.
* If expenses include artistic fees to yourself, please submit a notarized statement for the amount or copies of cancelled checks written to yourself.
* Note that in-kind contributions cannot be used as part of the matching share.

# D.C. COMMISSION ON THE ARTS AND HUMANITIES

**FINAL FINANCIAL REPORT FORM (805)**

Grantee Name Grant Award Number

Address Ward #

Contact Name Contact Phone Contact Email

Grant Amount Grant Period

|  |  |  |  |
| --- | --- | --- | --- |
| **BUDGET AND EXPENDITURE REPORT** | | | |
| **PROJECT INCOME** | **(A) PROJECT INCOME** | **(B)**  **DCCAH contribution** | **(C)**  **Match contribution** |
| **GRANTS / CONTRACTS** - specify Government, Foundations, Corporations, United Way/CFC if applicable |  |  |  |
| **INDIVIDUAL DONATIONS** |  |  |  |
| **EARNED REVENUE** - specify events, publications, fees, ticket sales and memberships, if applicable |  |  |  |
| **OTHER** - may not include in-kind donations |  |  |  |
| **PROJECT EXPENSES** | **PROJECT EXPENSES** | **DCCAH contribution** | **Match contribution** |
| *Administration may not exceed 35% of total expenses* |  |  |  |
| **PERSONNEL -** includes salaries, payroll taxes and fringe |  |  |  |
| **CONSULTANTS AND PROFESSIONAL FEES** |  |  |  |
| **ADMINISTRATIVE COSTS** - if exceeds $1,000, specify equipment, supplies, maintenance, etc. in separate narrative |  |  |  |
| **RENT AND UTILITIES** |  |  |  |
| **OTHER** - if exceeds $1,000, specify in separate narrative |  |  |  |
| **Total Administrative Expenses** |  |  |  |
| *Artistic Fees will be 65% - 100% of total expenses* |  |  |  |
| **PERSONNEL** - includes salaries, payroll taxes and fringe |  |  |  |
| **CONSULTANTS / TEACHING ARTISTS** |  |  |  |
| **MATERIALS, SUPPLIES, EQUIPMENT** |  |  |  |
| **TRANSPORTATION** |  |  |  |
| **OTHER**  - if exceeds $1,000, specify in separate narrative |  |  |  |
| **Total Artistic Expenses** |  |  |  |
| **TOTAL EXPENSES** |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature: (of Authorizing Official or Individual Grantee) Date:**

**D.C. COMMISSION ON THE ARTS AND HUMANITIES**

**STATISTICAL INFORMATION:** **FINAL**

Grantee Name Date

Grant Number Grant Amount

To assist the D.C. Commission on the Arts and Humanities gather statistical information, please provide the information below to the best of your ability.

* Please do not count an individual more than once in your projected figures.
* Be as specific as possible in the amount served through the funded activity. Use a number to determine the quantity served. Do not use terms like “city wide.”

|  |  |
| --- | --- |
|  | TOTAL |
| Number of Individuals/Audience benefiting from Activity ***(Do not include youth)*** |  |
| Number of Youth benefiting from activity |  |
| Number of artists involved in activity |  |
| Number Schools benefiting from activity |  |
| Number of showcases, presentation or cultural opportunities offered via funded activity |  |

List the names of the schools benefiting:

What measures will be used to determine how many benefited? (Please be specific)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature: (of Authorizing Official or Individual Grantee) Date:**