

Return no later than 30 days following the completion of the program and before June 1, 2015. Final payments will not be made until the Commission has received and approved all final report and evaluation forms.

On a separate piece of paper, provide the following information in the order specified below.

Mail to:

Virginia Commission for the Arts
1001 East Broad Street, Suite 330
Richmond, VA 23219
804.225.3132 (Voice/TDD)
www.arts.virginia.gov

Virginia Commission Grant I.D. # 14- _____ Academic Year: 2014-2015
Federal Employer I.D. # _____ DUNS Number _____

2014-2015 FINAL REPORTING INSTRUCTIONS

1. Name and title of person completing this final report
2. Organization Name
3. Address
4. Telephone number (including area code)
5. Email Address
6. County or City
7. Title and brief summary of completed project (2-3 Sentences)
8. Start and end dates
9. Total number of residency days
10. Grade levels of participating students
11. Actual number of participants:
 - a) Student Participants
 - b) Teacher/Administrator Participants
 - c) Community Participants
 - d) Exhibition/Performance/Reading
 - e) Total # of participants/attendance
 - f) Participating Schools
 - g) Participating Organizations
 - h) Total schools/organizations

12. Total Events - Give actual numbers. Each performance of a production = 1 event. A series of workshops/classes involving the same participants = 1 event.

- a) Exhibitions
- b) Performances
- c) Readings
- d) Workshops
- e) Other
- f) Total residency events

13. Number of participating artists

14. Final Expenses:

ACTUAL RESIDENCY INCOME (cash only)

Va. Commission Residency Grant (total)	\$ _____
School/School Division Funding	\$ _____
PTA/PTO Funding	\$ _____
Private Foundation Funding	\$ _____
Local Arts Council Funding	\$ _____
Arts Organization Funding	\$ _____
Service Organization Funding	\$ _____
Other (specify)	\$ _____
TOTAL CASH INCOME	\$ _____

List Residency Non-Cash (In-Kind) Income:

ACTUAL RESIDENCY EXPENSES (cash only)

Total Fee for Resident Artist(s)	\$ _____
	(\$ _____/day X _____ days)
Travel for Artist(s)	\$ _____
Materials	\$ _____
Other	\$ _____
TOTAL CASH EXPENSES	\$ _____

List Residency Non-Cash (In-Kind) Expenses:

If more than one residency artist participated, please attach a list of names and rate per day.

NOTE: Residency cash expenses must equal residency cash income.

I hereby certify that, to the best of my knowledge, all information in this final report is complete and accurate:

Name of On-Site Coordinator _____ Title _____

Signature of On-Site Coordinator _____ Date _____

Signature of Authorizing Official _____ Date _____

Final grant award payments will not be made if the Final Report is received after June 1, 2015