



A. Project Title _____

B. Name of Organization _____

C. Actual Expenses and In-Kind Contributions

1. Personnel Costs (Employees)	No. of persons	Rate of pay	No. of hrs. (unless fee based)	= Total Cash Expenses (incl. SFCA share)	SFCA Share	In-Kind \$ Value (but non-cash)
a. Administrative	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
b. Artistic/Professional	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
c. Technical/Production	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____

2. Outside (Non-Employee) Fees and Services

a. Artistic/Professional	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
b. Other	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____

3. Other Expenses

a. Space Rental	_____			\$ _____	\$ _____	\$ _____
_____	_____			\$ _____	\$ _____	\$ _____
b. Travel	Transportation					
	No. of Persons:	From: _____	To: _____	\$ _____	\$ _____	\$ _____
		From: _____	To: _____	\$ _____	\$ _____	\$ _____
		From: _____	To: _____	\$ _____	\$ _____	\$ _____
	Per Diem	Rate	Days			
	No. of Persons:	x \$ _____	x _____	\$ _____	\$ _____	\$ _____
		x \$ _____	x _____	\$ _____	\$ _____	\$ _____
		x \$ _____	x _____	\$ _____	\$ _____	\$ _____
	Other	x \$ _____	x _____	\$ _____	\$ _____	\$ _____
c. Marketing (Promotion)	_____			\$ _____	\$ _____	\$ _____
_____	_____			\$ _____	\$ _____	\$ _____
d. Remaining Operating Expenses	Supplies and Materials					
	_____			\$ _____	\$ _____	\$ _____
	_____			\$ _____	\$ _____	\$ _____
	_____			\$ _____	\$ _____	\$ _____
	_____			\$ _____	\$ _____	\$ _____
	Other Expenses					
	_____			\$ _____	\$ _____	\$ _____
	_____			\$ _____	\$ _____	\$ _____

Actual Total Cash Expenses \$ _____
 Actual SFCA Funds Spent \$ _____
 Total SFCA Funds Authorized \$ _____
 SFCA Funds to be Returned or Unclaimed \$ _____

D. Actual Revenue

1. Personnel Costs

a. Admission and Fees

Cash Revenue

_____ persons	x \$ _____	per _____	\$ _____
_____ persons	x \$ _____	per _____	\$ _____
_____ persons	x \$ _____	per _____	\$ _____
_____ persons	x \$ _____	per _____	\$ _____
_____ persons	x \$ _____	per _____	\$ _____

b. Contracted Services

_____	\$ _____
_____	\$ _____

2. Private Corporate or Foundation Support

_____	\$ _____
_____	\$ _____
_____	\$ _____

Other Private Contributions

_____	\$ _____
_____	\$ _____
_____	\$ _____

3. Federal Grants or Awards

_____	\$ _____
_____	\$ _____
_____	\$ _____

4. State/Regional/County Support *(list individually)*

_____	\$ _____
_____	\$ _____
_____	\$ _____

5. Other Revenue

_____	\$ _____
_____	\$ _____
_____	\$ _____

6. Applicant Cash *(including trust funds)*

_____	\$ _____
_____	\$ _____
_____	\$ _____

Subtotal \$ _____
SFCA Funds requested for this project \$ _____

TOTAL CASH REVENUE \$ _____

E. In-Kind Contributions

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total \$ _____

E. Project Period

Start Date _____ End Date _____
Month Day Year Month Day Year

G. Description of the service(s) to be performed

1. Project Summary:

2. Activities/Artistic Personnel

Dates

Locations

**No. of Audience
or Participants**

3. Project Evaluation:

Planned

Actual

a. Evaluation Measures

b. Explanation of Variances and Evaluation Narrative

4. Number of Individuals Benefitting _____

5. Number of Artists Participating _____

6. Number of Professionals (non-artists) Participating _____

7. Project Variance:

Planned

Actual

a. Total Cash Expenses

b. Total SFCA Share

c. Total Revenue

d. Project Period (enter dates) _____ to _____ _____ to _____

e. Explanation of Variances

Additional information requested for federal reporting

A. Check any of the following criteria that applies to your project.
 If none of the following applies, please check 6).

- _____ 1) supports grantees visiting other countries, or
- _____ 2) supports foreign artists visiting USA, or
- _____ 3) supports any cultural exchange program, or
- _____ 4) supports linkages with artists or institutions other countries, or
- _____ 5) establishes/administers international programs in your own agency, or
- _____ 6) none of the above

B. If your project clearly emphasizes the traditions or culture of one of the following, please indicate with a check.

- _____ **A** - Asian
- _____ **B** - Black/African American
- _____ **H** - Hispanic/Latino
- _____ **N** - American Indian/Alaska Native
- _____ **P** - Native Hawaiian/Pacific Islander
- _____ **W** - White
- _____ **99** - No single group

C. Check one of the following criteria that applies to your project.
 If none of the following applies, please check 99.

- _____ 01) 50% or more of this project's activities are arts education directed to:
 - _____ A. K-12 students
 - _____ B. Higher education students
 - _____ C. Pre-Kindergarten children
 - _____ D. Adult learners (including teachers & artists)

- _____ 02) Less than 50% of this project's activities are arts education directed to:
 - _____ A. K-12 students
 - _____ B. Higher education students
 - _____ C. Pre-Kindergarten children
 - _____ D. Adult learners (including teachers & artists)
- _____ 99 None of this project involves arts education

D. Check one of the following criteria that applies to your project.
 If none of the following applies, please check 99.

- _____ 01) Presenting/Sponsoring
- _____ 02) Touring
- _____ 99 None of this project involves presenting or touring

E. Please indicate the total number of children and youth (including students, participants, and audience members) benefitting directly from the funded project.

Name of Organization _____

Address _____

Contact Person _____ Title _____

Telephone (bus.) _____ (Rec) _____

Certification. The information contained in this report, including all attachments and supporting materials, is correct to the best of my knowledge.

Signature _____ Date _____

Name (print or type) _____ Title _____

SFCA STAFF USE ONLY - DO NOT WRITE

Reviewed and Approved _____ BSG Share \$ _____ SAA Share \$ _____
 By _____ Other NEA \$ _____ Others \$ _____
 Date _____