

Submit Final Report to:  
 Arts Council of SWLA  
 P.O. Box 1437, Lake Charles, LA 70602 (mailing)  
 809 Kirby Street, Suite 202, Lake Charles, LA 70601 (physical)

**Final Report due 30 days after  
 project ends or May 6<sup>th</sup>, 2013,  
 whichever comes first.**



# XYZ Grant

## Final Report EXAMPLE

XYZ FY 2012-2013

### 1. Applicant Data

<b>1a. Grant Number:</b>	LTL2COUP	<b>1b. Grant Awarded:</b>	\$2013.52	<b>1c. Grant Expended:</b>	\$2013.52
<b>1d. Organization Name:</b>	Eenie Meenie Minie Mo-torcar Club				
<b>1e. Address:</b>	15 Ventura Highway				
<b>1f. City:</b>	Lake Charles	<b>1g. Parish:</b>	Calcasieu	<b>1h. State:</b>	Louisiana
<b>1i. Zip:</b>	12345				
<b>1j. Project Director/Title:</b>	Henry Ford V / They Call Me the Breeze				
<b>1k. Phone:</b>	337-867-5309	<b>1l. Email:</b>	eenie_meenie_minie_mo_torcar@vroomvroom.com		
<b>1n. Sub-Applicant:</b>	If applicable				

### 2. Total Actual Attendance

### 3. Total Artists and Artistic Fees Paid

<b>2a. Number of Youth (Ages 18 and Under) Benefitted:</b>	<b>3a. Total Number of Artists Involved:</b>
<b>2b. Number of Adults Benefitted:</b>	<b>3b. Total Number of Artists Paid:</b>
<b>2c. Number of Teachers Benefitted:</b>	<b>3c. Total Amount Paid to Artists:</b>
<b>2d. Number of Schools (Pre-K-12) Benefitted:</b>	<b>3d. Number of Full-Time Staff Employed:</b>
<b>2e. Number of Performances Given:</b>	<b>3e. Number of Part-Time Staff Employed:</b>
<b>2f. Number of Residency Activities Offered:</b>	<b>3f. Number of Contracted Staff:</b>
<b>2g. Total Attendance of All Activities:</b>	<b>3g. Number of Volunteers:</b>

### 4. Narrative. *You may continue on additional sheets of paper if necessary.*

**4a. Did the use of grant funds differ from the grant agreement and/or application?**  Yes  No *If yes, how?*

**4b. Did you experience any problems in using the grant funds?**  Yes  No *If yes, explain.*

**4c. Describe any goals, developments, and/or new programs that were achieved this year.**

**4d. How was your organization promoted to the public year-round? Check all that apply:**

- |  |                                    |                                  |   |  |
|--|------------------------------------|----------------------------------|---|--|
| <input type="checkbox"/> Direct Mail   | <input type="checkbox"/> Flyers    | <input type="checkbox"/> Posters | <input type="checkbox"/> Social Media, Online Ads | <input type="checkbox"/> Billboards                |
| <input type="checkbox"/> Television Ad | <input type="checkbox"/> Radio PSA | <input type="checkbox"/> Banners | <input type="checkbox"/> Newspaper/Magazine Ad    | <input type="checkbox"/> Word of Mouth, Grassroots |
| <input type="checkbox"/> Other: _____  |                                    |                                  |   |  |

**4e. What are your organization's plans and goals for future programs, services, and projects?**

**4f. How were elected officials notified of your programming? Did they attend or respond? List specific officials.**

**4g. Describe your organization's evaluation process in determining the success of the year's programs and services in relation to: 1. Artist merit, 2. Mission and goals, 3. Leadership of board or staff, 4. Community and educational outreach.**

**4h. What services, workshops, classes, etc. should the Arts Council consider offering (beyond grant administration) that could benefit your organization and/or project? Please be specific.**

**4i. Does your organization require assistance from the Arts Council in any the following areas? Check all that apply.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Event Planning            | <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Budget/Financial Management     |
| <input type="checkbox"/> Artist Selection          | <input type="checkbox"/> Volunteer Management | <input type="checkbox"/> Board of Directors Development  |
| <input type="checkbox"/> Administration Management | <input type="checkbox"/> Community Outreach   | <input type="checkbox"/> Marketing/Promotions            |
| <input type="checkbox"/> Evaluation Methods        | <input type="checkbox"/> Educational Outreach | <input type="checkbox"/> Audience Development/Engagement |

## 5. Final Project Budget

2015-2016 REVISION: List exact amounts for all grant related expenses. Do not round to the nearest dollar. You may, however, round to the nearest dollar for all non-grant related expenses. Include both grant funds and additional cash.

### Expenses

#### Category

A	Personnel – Administrative	
B	Personnel – Artistic	1500.00
C	Personnel – Technical	
D	Fiscal Agent Fees	
E	Outside Professional Services - Artistic	200.00
F	Outside Professional Services – Other	
G	Utilities	500.00
H	Space Rental	
I	Travel/Per Diems	1649.57
J	Marketing Costs (promotion, publicity, print)	275.00
K	Equipment Rental	
L	Supplies and Materials	28.18
M	Postage/Shipping Costs	60.77
N	Insurance	
O	Other: <i>List Below</i>	

**Total Project Expenses:** 4213.52

### Revenue

Lake Charles Partnership Grant FY2012-2013

2013.52

Other Cash Support: *List Below*

2200.00

Private Donations

TMI Grant

**Total Project Revenue:** 4213.52

**Total In-Kind Support (Optional):** 1000.00

**GRANT  
AWARD**

## 6. Grant Expenditures Summary

Type in the amount spent in **grant funds only** for each expense category. A further breakdown of these expenses will follow.

A	\$	F	\$	K	\$
B	\$	G	\$	L	\$28.18
C	\$	H	\$	M	\$60.77
D	\$	I	\$1649.57	N	\$
E	\$	J	\$275.00	O	\$

## 7. Grant Expenses Documentation and Breakdown

Staple a photocopy of each cancelled check or bank statement to its accompanying invoice, receipt, or artist timesheet and attach behind the final report. Please list in the same order that you attach invoices/receipts and cancelled checks to the back of the report. **List only Lake Charles Partnership Grant expenses, not expenses paid through other means.** The “Total Amount Paid” column may be more than the “Amount Paid with Grant Funds” column, as long as the “Grant” column adds up to the **precise amount** of your grant award. *Do not estimate or round up figures here, use actual amounts.* See the final report instructions for assistance.

	Expenses Category (A-O)	Date of Payment	Payment Document (Invoice, Receipt, etc.)	Proof of Payment (Cancelled Check, Bank Statement, etc.)	Name of Payee	Total Amount Paid	Amount Paid with Grant Funds
①	I	2/27/2013	Invoice/eticket	eTicket transaction (bank statement)	WakiAirlinesz (Thomas Magnum)	1825.00	549.85
②	I	2/27/2013	Invoice/eticket	eTicket transaction (bank statement)	WakiAirlinesz (T J Hooker)	1825.00	524.03
③	I	2/27/2013	Invoice/eticket	eTicket transaction (bank statement)	WakiAirlinesz (Bo Duke)	1825.00	575.69
④	J	2/15/2013	Invoice/Check	BoNY MONY Bank Statement – CK 101	Wall Street Journal	695.18	275.00
⑤	L	2/20/2013	Receipt	Debit receipt	Office Depot	36.12	28.18
⑥	M	2/13/2013	Receipt	Debit receipt	USPS	60.77	60.77
					Good idea to subtotal to make sure you balance to the penny!		2013.52

IMPORTANT because we need proof that the invoice/bill was paid, and grant funds were distributed -

these are OK receipts to submit because they are automatically deducted from the account -

## Check List

- Completed Final Report Form with original signatures
- Completed Evaluation Forms from Artist, Presenter, Schools, and/or Audience Members
- Grant Expenditure Documentation with Proofs of Payments
- Samples of printed materials, which include proper credit and appropriate logos from the Arts Council and City of Lake Charles. Statements and logos are **required** on all printed promotional material associated with the project including, but not limited to, all mailings, programs, posters, flyers, etc. A copy of a public service announcement containing the statement may also be submitted.
- Copies of press releases and newspaper reviews or similar reports of activities under this grant
- Images of grant sponsored activities [Photographs (digital, print or slide); DVD; CD, etc.]

## Assurances

We, the undersigned, hereby certify that to the best of our knowledge all facts, figures, and representations in this final report are true and correct; that all art programs or services were completed in accordance with terms and conditions set forth in the grant agreement and the Lake Charles Partnership Grant FY2012-2013 guidelines.

### Grantee Signatures

#### Authorizing Official (President or Chair)

Signature \_\_\_\_\_  
Typed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

#### Project Director

Signature \_\_\_\_\_  
Typed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

### Arts Council Signatures

Signature \_\_\_\_\_  
Typed Name Erica McCreedy  
Title Executive Director  
Date \_\_\_\_\_

Signature \_\_\_\_\_  
Typed Name Charla Blake  
Title Community Development Coordinator  
Date \_\_\_\_\_

# REQUEST FOR FINAL PAYMENT, LCP FY2012-2013

**TO:** Arts Council of SWLA  
P.O. Box 1437  
Lake Charles, LA 70602

**FROM:** Eenie Meenie Minie Mo-torcar Club  
15 Ventura Highway  
Lake Charles, LA 12345

**RE:** XYZ Grant FY2012-2013  
Grant #: LTL2COUP  
Title of Project: They Call Me the Breeze

This document requests the final payment of \$503.38 for the above-mentioned grant, which will equal 25% of the grant award of \$2013.52. It is understood that this is the final of two payments issued by the Arts Council for this grant. The check will be sent to the above mailing address.

It is understood that this final payment will be made only after the final report provided by the grantee has been reviewed and approved by the Arts Council, and that the grant funds will be expended between April 1, 2012 and March 31, 2013. Grant funds are conditioned upon the availability of funds appropriated to the Arts Council of SWLA by the City of Lake Charles.

You also hereby agree to retain copies of all materials related to this grant award for a minimum of three years and that the Legislative Auditor of the State of Louisiana shall have the option of auditing all accounts related to this grant. You also agree that the responsibility for payment of taxes from the funds thus received under this Grant Agreement is the obligation of Grantee.

## Grantee Signatures

### Authorizing Official (President or Chair)

Signature \_\_\_\_\_  
Typed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

### Project Director

Signature \_\_\_\_\_  
Typed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

## Arts Council Signatures

Signature \_\_\_\_\_  
Typed Name Erica McCreedy  
Title Executive Director  
Date \_\_\_\_\_

Signature \_\_\_\_\_  
Typed Name Charla Blake  
Title Community Development Coordinator  
Date \_\_\_\_\_

# WakiAirlinez

**YOUR TICKET-ITINERARY**

**YOUR BOOKING NUMBER**

**WH96815**

Flight	From	To	Aircraft	Class/Status
WK 123	Hawaii	Here	357	Y Confirmed
WK 321	Here	Hawaii	357	Y Confirmed

Passenger Name	Ticket Number	FFN#	Special Needs
(1) Magnum, Thomas PI	012-3456-789012	96815	Meal: None

Purchase Description	Price	
Fare	US 1200.00	Ticket is non-endorsable, non-refundable, non-eatable, non-usable. Changes allowed - wait, there are no changes allowed, so this is moot. Have a safe and happy flight.
Security Tax	300.00	
Airport Improvement Fee	125.00	
Fuel Surcharge	200.00	
<b>TOTAL FARE</b>	<b>\$1,825.00</b>	Paid by Visa xxx-xxx-xxx-xxx

# WakiAirlinez

**YOUR TICKET-ITINERARY**

**YOUR BOOKING NUMBER**

**BH90210**

Flight	From	To	Aircraft	Class/Status
WK 456	Los Angeles	Here	357	Y Confirmed
WK 654	Here	Los Angeles	357	Y Confirmed

Passenger Name	Ticket Number	FFN#	Special Needs
(1) Hooker, TJ	123-4567-890123	90210	Meal: None

Purchase Description	Price	
Fare	US 1000.00	Ticket is non-endorsable, non-refundable, non-eatable, non-usable. Changes allowed - wait, there are no changes allowed, so this is moot. Have a safe and happy flight.
First Class Upgrade	200.00	
Security Tax	300.00	
Airport Improvement Fee	125.00	
Fuel Surcharge	200.00	
<b>TOTAL FARE</b>	<b>\$1,825.00</b>	Paid by Visa xxx-xxx-xxx-xxx

YOUR TICKET-ITINERARY

YOUR BOOKING NUMBER

KY41701

3

Flight	From	To	Aircraft	Class/Status
WK 789	Kentucky	Here	357	Y Confirmed

WK 987	Here	Kentucky	357	Y Confirmed
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Passenger Name	Ticket Number	FFN#	Special Needs
(1) Duke, Bo	234-5678-901234	41701	Meal: None

Purchase Description	Price	
Fare	US 1000.00	Ticket is non-endorsable, non-refundable, non-eatable, non-usable. Changes allowed - wait, there are no changes allowed, so this is moot. Have a safe and happy flight.
Security Tax	300.00	
Airport Improvement Fee	325.00	
Fuel Surcharge	200.00	

**TOTAL FARE**

**\$1,825.00** Paid by Viza xxx-xxx-xxx-xxx

total 5475<sup>00</sup>  
all 3  
★ ONLY PAY partial each for  
XYZ Grant  
1-549<sup>85</sup>  
2-524<sup>03</sup>  
3-575<sup>69</sup>



4

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**From:** [Henry\\_Ford@vroomvroom.com](mailto:Henry_Ford@vroomvroom.com);  
**Sent:** Tuesday, February 5, 2013 10:54AM  
**To:** Henry Ford, V  
**Subject:** Wall Street Journal Confirmation

Thank you for your recent on-line order of advertising space within The Wall Street Journal.

You requested 2 full-page ads to run weekly for 1 month at a cost of \$150 per, with a set up cost of \$60, and tax of \$35.18.

Upon receipt of payment, you will receive an email confirmation, a mock-up of the advertisement, and a schedule of run times.

Thank you for your business, and we look forward to assisting you with your future advertising needs.

**Gloria Jean Cowfeebean**  
**Advertising/Sales**  
**The Wall Street Journal**  
**1.800.GET.PAID**

4

101  
87-823-641

**Eenie Meenie Minie Mo-torcar Club**  
c/o Henry Ford  
15 Ventura Highway  
Lake Charles, LA 12345  
PHONE: 337-867-5309

CANCELLED FEB 15 2013

Pay to the  
Order of

Wall Street Journal

2.08 19 13

\$

695<sup>18</sup>

Six hundred ninety five dollars <sup>18</sup>/<sub>100</sub>

Dollars

J-73

**BoNY MONY**

Lake Charles, LA

For

ads - They Call Me the Bronze

Henry Ford

2345678

J98765432



*S*

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LAKE CHARLES, LA 70601  
(337) 439-7996

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*6*

**UNITED STATES  
POSTAL SERVICE**

\*\*\*\*\* WELCOME TO \*\*\*\*\*  
Little Red Postal House  
Lake Charles, LA 12345  
2/13/2013 02:28PM

*XYZ Grant  
2012-2013*

2/20/2013 14.4.6 7:29PM  
STR 266 REG 3 TRN 1324 EMP 652077

**SALE**

Product ID	Description	Total
223695	NOTES, SS, 4x6, 4	10.99SS
	Clearance	-7.99
	<b>You Pay</b>	<b>3.00SS</b>
777753	TABS, DRBLE, 2"	4.59 SS
789090	CALCULATOR, HYB	7.99 SS
620964	CLMP, SM, 20PK, S	3.99 SS
869342	TRAY, UTLT, 6CMP	3.29 SS
408942	IND, 1-10, 11X8	4.29 SS
558308	NOTEPADFOCUS, W	5.99 SS

Subtotal: 33.14  
 Sales Tax: 2.98  
**TOTAL 36.12**  
 DEBIT xxxx 36.12

XX  
 Henry Ford 112233445566

Total Office Depot Savings:  
**\$5.27**

XX

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Survey Code:  
**B422 E02E 26W7**

XX

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Wkstn	sys5004	Cashier	KHXH4J
Cashier's Name		GLEND A	
Stock Unit ID		WINGLEND A	
PO Phone Number		337-477-7777	
USPS #		2407980115	

1 First Class x 35	52.50
Destination:	96786
Weight:	1.40 oz per
Postage Type:	PVI
Total Cost:	1.50
Base Rate:	1.50

2 EP 10x13 Env x 4	7.00
Total Cost:	7.00
Base Rate:	1.75

3 First Class	1.27
Destination:	87453
Weight:	4 oz
Postage Type:	PVI
Total Cost:	1.27
Base Rate:	1.27

Subtotal 60.77  
Total 60.77

POS Debit 60.77

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(1-800-275-8777) for USPS information  
or visit us on the web at  
[www.usps.com](http://www.usps.com). To order stamps by  
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