

Submit Final Report to:
 Erica Barrios, Community Development Coordinator
ericab@artscouncilswla.org

**Final Report due 30 days after
 project ends or May 1, 2025
 whichever comes first.**



Lake Charles Partnership Grant Final Report, Organizational Support

LCP FY2024-2025



1. Applicant Data

1a. Grant Number:		1b. Grant Awarded: \$		1c. Grant Expended: \$	
1d. Organization Name:					
1e. Address:					
1f. City:		1g. Parish:		1h. State: Louisiana	1i. Zip:
1j. Project Director/Title:					
1k. Phone:		1l. Email:			
1n. Sub-Applicant: <i>If applicable</i>					

2. Total Actual Attendance

3. Total Artists and Artistic Fees Paid

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

4. Narrative. *You may continue with 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

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	_____
C	Payroll Taxes	_____
D	Outside Professional Services - Artistic	_____
E	Outside Professional Services - Other	_____
F	Production	_____
G	Utilities	_____
H	Equipment and Maintenance rental	_____
I	Technology and Communications	_____
J	Insurance	_____
K	Materials and Supplies	_____
L	Postage/Shipping Costs	_____
M	Marketing Costs	_____
N	Staff and Board Development	_____
O	Travel/Per Diems/Mileage	_____
P	Other: <i>List Below</i>	_____

Total Project Expenses: _____

Revenue

Lake Charles Partnership Grant FY2024-2025 _____

Other Cash Support: *List Below* _____

Total Project Revenue: _____

Total In-Kind Support (Optional): _____

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	\$
C	\$	H	\$	M	\$
D	\$	I	\$	N	\$
E	\$	J	\$	O	\$
				P	\$

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 FY2024-2025 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 Cameron Fultz

Title Executive Director

Date _____

Signature _____

Typed Name Erica Barrios

Title Community Development Coordinator

Date _____

REQUEST FOR FINAL PAYMENT, LCP FY2024-2025

TO: Arts Council of SWLA
809 Kirby St. Suite 202
Lake Charles, LA 70601

FROM: <<APPLICANT>>
<<MAILING ADDRESS>>

RE: Lake Charles Partnership Grant FY2024-2025
Grant #: LCP 24/25-<<GRANT NO.>>
Title of Project: <<TITLE>>

This document requests the final payment of \$_____ for the above-mentioned grant, which will equal 25% of the grant award of \$<<GRANT AWARD>>. 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, 2024 and March 31, 2025. 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 Cameron Fultz
Title Executive Director
Date _____

Signature _____
Typed Name Erica Barrios
Title Community Development Coordinator
Date _____