





### 3. Total Actual Attendance

### 4. Total Artists and Artistic Fees Paid

3a. Number of Youth (Ages 18 and Under) Benefitted:		4a. Total Number of Artists Involved:	
3b. Number of Adults Benefitted:		4b. Total Number of Artists Paid:	
3c. Number of Teachers Benefitted:		4c. Total Amount Paid to Artists:	
3d. Number of Schools (Pre-K-12) Benefitted:		4d. Number of Full-Time Staff Employed:	
3e. Number of Performances Given:		4e. Number of Part-Time Staff Employed:	
3f. Number of Residency Activities Offered:		4f. Number of Contracted Staff:	
3g. Total Attendance of All Activities:		4g. Number of Volunteers:	

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

5a. Did the completed project differ from the grant agreement and/or application?  Yes  No If yes, how?

5b. Did you experience any problems in administering the arts project?  Yes  No If yes, explain.

5c. Describe the community's response to the project.

5d. On a scale of 1 to 5, how would you rate the artistic merit of the project?

1  Poor    2  Fair    3  Neither Good nor Bad    4  Good    5  Very Good

5e. How was the project promoted to the public? *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: _____  |                                    |                                  |   |  |

5f. Do you plan on continuing this project in the future?  Yes  No If yes, how will the project be sustained?

5g. How were elected officials notified of your project? Did they attend or respond? List specific officials.

5h. Describe your organization's evaluation process in determining the success of the project in relation to:  
1. Artist merit, 2. Mission and goals, 3. Leadership of board or staff, 4. Community/educational outreach.

5i. 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.

5j. 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"/> Artist Selection            | <input type="checkbox"/> Volunteer Management                    |
| <input type="checkbox"/> Administration Management   | <input type="checkbox"/> Community Outreach                      |
| <input type="checkbox"/> Evaluation Methods          | <input type="checkbox"/> Educational Outreach                    |
| <input type="checkbox"/> Budget/Financial Management | <input type="checkbox"/> Board of Directors Development          |
| <input type="checkbox"/> Marketing/Promotions        | <input type="checkbox"/> Audience Development/Arts Participation |

## 6. Final Project Budget

*All Grant related expenses MUST be exact amounts. Round to the nearest dollar for all non-grant related expenses. Include both grant funds and additional cash.*

### Expenses

#### Category

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Project Expenditures:** \_\_\_\_\_

### Revenue

Lake Charles Partnership Grant FY2023-2024 \_\_\_\_\_

Other Cash Support: *List Below* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Project Revenue:** \_\_\_\_\_

**Total In-Kind Support (Optional):** \_\_\_\_\_

## 7. Grant Expenditures Summary

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

<b>A</b>	\$	<b>F</b>	\$	<b>K</b>	\$
<b>B</b>	\$	<b>G</b>	\$	<b>L</b>	\$
<b>C</b>	\$	<b>H</b>	\$	<b>M</b>	\$
<b>D</b>	\$	<b>I</b>	\$	<b>N</b>	\$
<b>E</b>	\$	<b>J</b>	\$	<b>O</b>	\$



## 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 FY2023-2024 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 Shawna Nile Batchelor  
Title Executive Director  
Date \_\_\_\_\_

Signature \_\_\_\_\_  
Typed Name Erica Barrios  
Title Community Development Coordinator  
Date \_\_\_\_\_

# REQUEST FOR FINAL PAYMENT, LCP FY2023-2024

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

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

**RE:** Lake Charles Partnership Grant FY2023-2024  
Grant #: <<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, 2023 and March 31, 2024. 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 Shawna Nile Batchelor  
Title Executive Director  
Date \_\_\_\_\_

Signature \_\_\_\_\_  
Typed Name Erica Barrios  
Title Community Development Coordinator  
Date \_\_\_\_\_