

**ALABAMA STATE COUNCIL ON THE ARTS  
FINAL REPORTING FORM  
Arts in the Schools: Black Belt Initiative**



District Name: \_\_\_\_\_

**Final reports are due no later than August 1**

We cannot process additional grants for you if you fail to file a final report and you will be ineligible for future grants until a final report is received.

**Final Report Processing  
Alabama State Council on the Arts  
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Montgomery, AL 36130-1800**

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# FINAL REPORT FORM

Due no later than August 1

Name of District:		
Grant Award#	Grant Date	Federal ID#
Superintendent:		

<b>Statistical Information. Provide your best estimate for the following:</b>	Actual
How many full time paid persons (including staff and guest artists) were involved in this project?	
How many part time paid persons (including staff and guest artists) were involved in this project?	
How many active volunteers were involved in this project?	
What were the total number of public performances, exhibitions and production included in this project?	
What were the total number of educational components such as classes, workshops, lectures, tours, field trips, etc. included in this project?	
How many schools benefited from this project?	
How many teachers benefited from this project?	
How many youth (under age 18) benefited from this project?	
How many artists participated in this project?	
What is the total number of individuals benefiting from this project?	
If there were any admission charges, what was the range of ticket prices?	

List all schools, communities and groups that were involved in the implementation of this activity.

**Project Goal:**

Briefly describe your proposed project Goal (See Page 1 of application)

Please describe the activities that took place as funded by this program

Please describe the progress made toward the proposed goal (please include your starting point, a list of indicators, and your ending point. You may wish to attach a separate report).

Expenditure Summary. Attach appropriate documentation including cancelled checks or invoices totaling the grant amount, or notarize this statement.

Expense Category	Actual Project Expenses	Actual Inkind
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
Total		

Were there any special efforts to involve students with special needs?      Yes      No

Estimate how many students were experiencing arts education for the first time: \_\_\_\_%

Did you obtain local publicity for and of your activities?      Yes      No  
 (If yes, please attach copies)

Do you feel this initiative generated interest in arts education in your schools (particularly among students and teachers)?      Yes      No

Would you participate in this Initiative again?      Yes      No

Describe the strengths and weaknesses of this Initiative as they pertain to the proposed goal.

**Please enclose Request for Payment with this form. Thank you for your time!**

# ALABAMA STATE COUNCIL ON THE ARTS FINAL REPORTING FORMS For Arts in Schools: Black Belt Initiative



## Request for Payment

Name: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Grant Award Number: \_\_\_\_\_

Program: BBI-Education

Total Grant Award: \$ \_\_\_\_\_

Total Grant Expenditures: \$ \_\_\_\_\_

Amount Received to date: \$ \_\_\_\_\_

Balance Requested: \$ \_\_\_\_\_

Attach applicable supporting materials including programs and press clippings that document that you gave credit to the Alabama State Council on the Arts for their assistance with this project. Also enclose a photograph or slide of the activity that is suitable for publication.

The State Arts Council would like to include your board members and staff on our mailing list. to receive our quarterly magazine. Please attach a current mailing list.

**Certification:** I certify that the foregoing information is true and correct and that expenditures were incurred solely for the purpose of the above referenced grant.

\_\_\_\_\_  
Print Name: Project Director                      Signature                                      Date

\_\_\_\_\_  
Print Name: Authorizing Official                      Signature                                      Date

Date Final Report Received	_____
Program Manager Review	_____
Approved for Payment	_____

Please complete and submit two copies of this form (with original signatures).  
Copy 1 (ASCA Grant Files)  
Copy 2 (State Comptrollers Office for Payment Processing)