

ILLINOIS ARTS COUNCIL

FINAL REPORT Arts-in-Education Residency

PART ONE: FINANCIAL

James R. Thompson Center
100 W. Randolph, Suite 10-500
Chicago, IL 60601-3298
312/814-6750
TTY 312/814-4831

Final reports are due WITHIN 30 DAYS after the ending date on the Grant Agreement. NOTE: This is a standard form. Some lines may not be applicable to all projects.

There are two parts to every final report, a financial section and a narrative section. This report must show completely and accurately how the program actually occurred. They will be necessary in assessing the success of a project to the Council, the IAC staff working with you in the future, and to the IAC Advisory Panels in reviewing subsequent applications.

Reports must be complete and signed by the project director. **Incomplete or unsigned reports will be returned. Faxed Final Reports will not be accepted.** Consult IAC staff if you have questions.

Grantee Grant Number

Address City Zip

Financial Officer or Individual completing this form Daytime Phone

Title of Project Funded Beginning Date Ending Date

Final Report Summary

Actual Total Cash Expenses (from #7 on reverse)	\$ _____	EXP
Actual In-Kind Contributions (from #8 on reverse)	\$ _____	INK
IAC Grant Amount (from #14 on reverse)	\$ _____	GRA
Actual IAC Grant Amount Spent (from #15 on reverse)	\$ _____	SPE
Actual Total Cash Income (from #16 on reverse)	\$ _____	INC
Actual Total Individuals benefiting from project (from Narrative)	_____	IND
Actual Total Youth benefiting from project (from Narrative)	_____	YTH
Actual Total Artists participating in project	_____	ART
Actual Total Volunteers participating in project (If zero, enter 0)	_____	VOL

Project Director's Signature Phone Date submitted

EXPENSES

	Actual Cash Expenses	Actual In-Kind Contributions*
1. Administrative Personnel	_____	_____
2. Outside Fees and Services		
Artistic	_____	_____
Other	_____	_____
3. Travel & Lodging	_____	_____
4. Supplies	_____	_____
5. Documentation	_____	_____
6. Remaining Operating Expenses	_____	_____
detail:		
7. <i>Actual Total Cash Expenses</i>	_____ (EXP)	
8. <i>Actual Total In-Kind Contributions</i>		_____ (INK)

INCOME

	Actual Cash Income
9. Corporate Contributions/Support	_____
10. Foundation Contributions/Support	_____
11. Other Private Contributions/Support	_____
12. Government Support	
Federal	_____
State/Regional (do not include this IAC grant)	_____
Other	_____
13. Applicant Cash [†]	_____
14. IAC Grant	_____ (GRA)
15. <i>Actual IAC Grant Amount Spent</i>	_____ (SPE)
16. <i>Actual Total Cash Income</i>	_____ (INC)

* In-kind contributions are goods or services donated to the project that would otherwise be a cash expense. In-kind contributions are not required and do not affect the cash match or the request amount but indicate the true cost of the program.

[†] Include any funds raised for this project and/or funds used from organization's operating funds to cover program expenses.

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PART 2: NARRATIVE

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Individuals Benefiting from Project (Complete all applicable categories)

Staff involved in project	Adults _____	Youth* _____
Individuals participating as audience	Adults _____	Youth _____
Individuals involved as hands-on participants	Adults _____	Youth _____
Individuals impacted by program	Adults _____	Youth _____
Other:	Adults _____	Youth _____
	Total Adults _____	Total Youth _____ (YTH)
	Total Individuals benefiting from program (Total Adults plus Total Youth)	_____ (IND)

* Youth are individuals ages 18 and under

Narrative Summary

The following are required components to this Final Report. Check each portion accompanying this report to ensure that the report being submitted is complete.

- _____ A. **On-Site Coordinator Evaluation and Narrative (attached Part 2A)**
To be completed by the individual designated with overall responsibility for the residency.
- _____ B. **Artist Evaluation and Narrative (attached Part 2B)**
To be completed by the individual artist or one artist from a company residency.
- _____ C. **Teacher Evaluation and Narrative (attached Part 2C)**
To be completed by one core group teacher who experienced the artist residency in its entirety.
- _____ D. **Student Narrative (attached Part 2D)**
To be completed by a student in the core group who experienced the artist residency in its entirety.
- _____ E. **IAC Acknowledgment**
Include one copy of a public notice or promotional material that credits IAC support of the program.
- Proof of acknowledgment is enclosed. _____ YES _____ NO
- If no, proof will be sent to the IAC by _____ (date).

NATIONAL ENDOWMENT FOR THE ARTS REQUIREMENTS

THE FOLLOWING TWO QUESTIONS ARE PART OF A DATA COLLECTION PROJECT THAT DOCUMENTS NATIONAL TRENDS OF GRANTS IN THE ARTS. COMPLIANCE IS REQUIRED BY THE NATIONAL ENDOWMENT FOR THE ARTS. THE ILLINOIS ARTS COUNCIL WILL NOT USE THIS INFORMATION DURING THE GRANTMAKING PROCESS.

NEA1. Using the characteristics listed below, please indicate the predominant racial characteristics of your organization. If at least 50 percent of your organization's staff, board of directors or membership belongs to one of the listed categories, then check that category. If none of these apply, check "99."

- A** 50 percent or more Asian
- B** 50 percent or more Black/African American
- H** 50 percent or more Hispanic/Latino
- N** 50 percent or more American Indian/Alaska Native
- P** 50 percent or more Native Hawaiian/Pacific Islander
- W** 50 percent or more White
- No single group listed above represents 50 percent or more of staff or board or membership

NEA2. If the majority of the grant activities are intended to involve or act as a clear expression or representation of the cultural traditions of one particular group, or deliver services to a designated population, check that group's code from the list below. If the grant or activity is not designated to represent or reach any one particular group, check Box 99.

- 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

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PART 2A: ON-SITE COORDINATOR EVALUATION AND NARRATIVE

On-Site Coordinator Name: _____

Site Name: _____

Evaluation

Rate the following aspects of the residency using the scale provided.

1 = inadequate, 2 = adequate, 3 = outstanding

- 1) AIE residency met the site's expectations. _____
- 2) Site supported the artist and residency activities. _____
- 3) Artist interacted well with site staff and students. _____
- 4) Artist was prepared during planning stages and residency. _____
- 5) Community activity successfully engaged participants. _____
- 6) AIE residency will have a lasting impact on the site. _____
- 7) AIE residency was worth the investment (time, money, and effort). _____
- 8) Overall rating of residency. _____

Narrative

In no more than one typed page, address the following points:

- Address the overall project, noting any variations from the original proposal and the reasons for such changes.
- Summarize the findings of the final evaluation.
- Describe the impact that this project will have on plans for future arts programming at the site.

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PART 2B: ARTIST EVALUATION AND NARRATIVE

Artist Name: _____

Site Name: _____

Evaluation

Rate the following aspects of the residency using the scale provided.

1 = inadequate, 2 = adequate, 3 = outstanding

- 1) AIE residency met my expectations. _____
- 2) Site supported me and residency activities. _____
- 3) On-site coordinator was prepared during planning sessions. _____
- 4) There was a high level of student involvement in activities. _____
- 5) Teachers participated in residency sessions. _____
- 6) AIE residency impacted the community beyond the residency site. _____
- 7) The teacher in-service allowed me to share my artistic skills with the staff. _____
- 8) AIE residency was a worthy investment of my time as a professional artist. _____
- 9) Overall rating of residency. _____

Narrative

In no more than one typed page, address the following points:

- Address the overall project, noting any variations from the original proposal and the reasons for such changes.
- State your artistic goals for this project and if these goals were met.
- Share one anecdote as to how this project had an impact on a participant.

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PART 2C: TEACHER EVALUATION AND NARRATIVE

Teacher Name: _____

Site Name: _____

Evaluation

Rate the following aspects of the residency using the scale provided.

1 = inadequate, 2 = adequate, 3 = outstanding

- 1) AIE residency met the teachers' expectations. _____
- 2) Teachers participated in residency sessions. _____
- 3) Artist interacted well with students. _____
- 4) Students were receptive to artist and activities. _____
- 5) Artist was prepared for residency sessions. _____
- 6) Teacher in-service successfully engaged teachers in arts activities. _____
- 7) AIE residency will have a lasting impact on my teaching. _____
- 8) AIE residency was worth the investment (class time, effort). _____
- 9) Overall rating of residency. _____

Narrative

In no more than one typed page, address the following points:

- Note the impact that this project had on your understanding of the art form.
- List any ideas/activities that you are likely to continue as a result of this project.
- Share one example of how this project impacted your students.

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PART 2D: STUDENT NARRATIVE

Student Grade Level: _____

Site Name: _____

Narrative

In the space below or in no more than one additional page, address the following points. (When appropriate, staff may rephrase questions for the students' understanding. The Student Evaluation may be handwritten.)

- Explain how the artist increased your understanding of the art form.
- Describe how these activities were different from previous art experiences.
- List any changes you would make to this project if you could repeat it.