

# ILLINOIS ARTS COUNCIL

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## Illinois Arts Jobs Preservation Grant 2009 – 2010 QUARTERLY REPORT

**QUARTERLY REPORT DEADLINES:** (*Reports must be received by 5 p.m. on the deadline date.*)

**1st quarter – October 2, 2009**  
**3rd quarter - April 2, 2010**  
**5th quarter – October 4, 2010**

**2nd quarter – January 4, 2010**  
**4th quarter – July 2, 2010**

Reports must be complete and signed by the authorizing official. Please email form AND send in a hard copy with an original signature by the date listed above. Consult IAC staff if you have questions.

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Grantee

Grant Number

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Address

City

Zip

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Financial Officer or Individual completing this form

Daytime Phone

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DUNS#

CCR#

Beginning Date

Ending Date

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Authorizing Official's Signature

Phone

Date submitted

**FOR THIS QUARTER** *The data must be based on an after-the-fact determination of the employee's actual activities (i.e., these cannot be estimated in advance). For example, the distribution of time might be determined based on notes from personal calendars and/or estimates of time spent on various activities.*

**Reporting for:**     **1st quarter** (Sept. 1 – Sept. 30, 2009)     **2nd quarter** (Oct. 1 – Dec. 31, 2009)  
                           **3rd quarter** (Jan. 1 – March 31, 2010)     **4th quarter** (April 1 – June 30, 2010)  
                           **5th quarter** (July 1 – August 31, 2010)

# Quarterly FTE Calculation Form

## **Position A:**

Title of Position Funded \_\_\_\_\_ Name of employee \_\_\_\_\_

Type of Position (if a position falls into more than one category, identify the one that is primary)

**Administrative**     **Educational**     **Technical**     **Artistic**

This position is considered  **Full-time**  **Part-time**    Annual salary of position \$ \_\_\_\_\_

Was position filled the entire quarter?  **Yes**  **No**

If no, give start date: \_\_\_\_\_ or end date: \_\_\_\_\_

## **Position B (if applicable):**

Title of Position Funded \_\_\_\_\_ Name of employee \_\_\_\_\_

Type of Position (if a position falls into more than one category, identify the one that is primary)

**Administrative**     **Educational**     **Technical**     **Artistic**

This position is considered  **Full-time**  **Part-time**    Annual salary of position \$ \_\_\_\_\_

Was position filled the entire quarter?  **Yes**  **No**

If no, give start date: \_\_\_\_\_ or end date: \_\_\_\_\_

### **Position A**

1.) IAJP funds allocated for quarter \_\_\_\_\_

2.) Total amount of salary paid to the individual during quarter \_\_\_\_\_

3.) Percentage of salary covered by IAJP grant for this quarter \_\_\_\_\_  
*(figure 1 divided by figure 2)*

4.) Number of hours worked during this quarter \_\_\_\_\_

5.) Number of hours funded by IAJP \_\_\_\_\_  
*(figure 4 multiplied by figure 3)*

6.) FTE (Full Time Equivalent) for quarter \_\_\_\_\_  
*(figure 5 divided by 520)*

### **Position B (if applicable)**

7.) IAJP funds allocated for quarter \_\_\_\_\_

8.) Total amount of salary paid to the individual during quarter \_\_\_\_\_

9.) Percentage of salary covered by IAJP grant for this quarter \_\_\_\_\_  
*(figure 7 divided by figure 8)*

10.) Number of hours worked during this quarter \_\_\_\_\_

11.) Number of hours funded by IAJP \_\_\_\_\_  
*(figure 10 multiplied by figure 9)*

12.) FTE (Full Time Equivalent) for quarter \_\_\_\_\_  
*(figure 11 divided by 520)*