

# ILLINOIS ARTS COUNCIL AGENCY

## FINAL REPORT

James R. Thompson Center  
100 W. Randolph, Rm 10-500  
Chicago, IL 60601-3298  
312/814-6750  
800/237-6994 (Toll free in Illinois)  
TTY 312/814-4831

PUBLIC RADIO & TELEVISION  
GRANTS PROGRAM

## FINANCIAL

**SEPARATE FINAL REPORTS ARE DUE ON FEBRUARY 15, 2016 FOR THE FY15 OPERATING GRANT AND THE FY15 BASIC GRANT.**

NOTE: This is a standard form. Some lines may not be applicable to all projects funded by IACA.

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. This information is necessary to accomplish the statutory purposes outlined under Chapter 20 ILCS 3915. Disclosure of this information is REQUIRED. **Failure to provide requested information will result in this form not being processed.**

Email the completed form to Pius Zacharias at [pius.zacharias@illinois.gov](mailto:pius.zacharias@illinois.gov). Consult IACA staff if you have questions (312-814-6772).

Station Name and Call Number

Grant Number

Address

City

Zip

Financial Officer or Individual completing this form

Daytime Phone

Program Funded

Beginning Date

Ending Date

Summary: *Complete Financial Section on Next Page*

PRTV Grant Amount (from A on pg 3)	\$ _____	GRA
Total Cash Expenses (from #24 on pg 3)	\$ _____	EXP
Total In-Kind Contributions (from #26 on pg 3)	\$ _____	INK
IACA Grant Amount Spent (from #12 on pg 3)	\$ _____	SPE
Total Cash Income (from #13 on pg 3)	\$ _____	INC
Total Individuals Benefiting from project (from Narrative)	_____	IND
Children/Youth Benefiting from project (If zero, enter 0)	_____	YTH
Total Artists Participating in project (If zero, enter 0)	_____	ART
Total Volunteers Participating in project (If zero, enter 0)	_____	VOL

Please note Applicants are no longer required to submit a hard copy of a signed certification form; by completing this section you are certifying this final report.

**Certification Statement**

The undersigned, being an authorized agent on behalf of the 'Grantee' hereby certifies that:

1. In our opinion, the financial information, narrative and other required information detailed on this Final Report, is fairly stated and comply with the rules of the State of Illinois' Grant Recovery Act, and all the grant conditions referenced on the Illinois Arts Council Agency's Grant Agreement.
2. All of the information cited herein can be verified by accounting records and other financial information of the Grantee, and will be made available to the Illinois Arts Council Agency or designated representative upon request.

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Authorizing Official Name and Title

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Phone

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Date submitted

Financial Section---Detail

For operating support, show all of your organization's actual income and expenses.

A. IACA GRANT AMOUNT AWARDED \$\_\_\_\_\_ (GRA)

**REVENUE SOURCES**

Income

- 1. Federal Government Agencies \_\_\_\_\_
- 2. Public Broadcasting Entities \_\_\_\_\_
- 3. Local Boards and Dept. of Education \_\_\_\_\_
- 4. Corporate (Business & Industry) Support \_\_\_\_\_
- 5. Foundation and Non-Profit Support \_\_\_\_\_
- 6. Memberships and Subscriptions \_\_\_\_\_
- 7. Individuals and Friends Groups' \_\_\_\_\_
- 8. State Colleges and Universities Support \_\_\_\_\_
- 9. State Grants (do not include IACA grant amount) \_\_\_\_\_
- 10. Applicant Cash Forward \_\_\_\_\_
- 11. Other Income not listed above \_\_\_\_\_
- 12. *IACA Grant Amount Spent* (SPE) \_\_\_\_\_
- 13. *Total Cash Income* (INC) \_\_\_\_\_ *(Add Items 1 through 12)*

**EXPENSES**

Actual Expenses

In-Kind Contributions

- 14. Programming and Production \_\_\_\_\_
- 15. Broadcasting \_\_\_\_\_
- 16. Public Information \_\_\_\_\_
- 17. Salaries \_\_\_\_\_
- 18. Eligible Equipment Purchases \_\_\_\_\_
- 19. Professional Expenses \_\_\_\_\_
- 20. Travel/Lodging/Transportation \_\_\_\_\_
- 21. Marketing \_\_\_\_\_
- 22. Fundraising Costs \_\_\_\_\_
- 23. Other Operating Expenses \_\_\_\_\_
- 24. **Total Expenses** (EXP) \_\_\_\_\_ *(Add Items 14 through 23)*
- 25. Net Cash Operating Gain/Loss \_\_\_\_\_
- 26. *Total In-kind Contributions* \_\_\_\_\_ (INK)
- 27. Revenue for Capital or Endowment Funds \_\_\_\_\_
- 28. Capital Expenditures \_\_\_\_\_

# ILLINOIS ARTS COUNCIL AGENCY

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## FINAL REPORT

## PUBLIC RADIO & TELEVISION GRANTS PROGRAM

### 1. NARRATIVE

Attach a program descriptive narrative which includes a discussion of the following points.

- I. Provide your Public Broadcasting program's mission statement and activities.
  - Describe how the station's daily broadcasting schedule fulfilled your overall mission within the last fiscal year
  - Describe the types of programs aired
  - List the districts served by your station
  - List on-air hours
  - List the number of employees working @ the station
    - Number of Full-time employees
    - Number of Part-time employees
- II. Explain the 'Financial' impact of this grant on the Station's overall mission and activities.
  - What were the Station's total expenditures for the fiscal year beginning July 1, 2014 ending August 31, 2015
  - Provide a 'Schedule of Expenditures' detailing how **IACA funds were expended** during this fiscal year
  - List the names and title of the full-time professional management staff
  - List the number of full-time equivalent employees (FTE) directly benefiting from this grant
- III. Evaluate this program's effects in the following areas: service to the public, outreach initiatives, underserved populations. Explain how you are evaluating your work in these areas?

### 2. INDIVIDUALS BENEFITING FROM BROADCASTING PROGRAM

I. Number of listening/viewing audience (Average Daily) \_\_\_\_\_

TOTAL LISTENING/VIEWING AUDIENCE (Annual) \_\_\_\_\_

II. Number of Non-Broadcasting Audience  
(examples: live performances/screenings, workshops/classes, publications, etc.)

TOTAL NON-BROADCASTING AUDIENCE (Annual) \_\_\_\_\_

**TOTAL INDIVIDUALS BENEFITING FROM PROGRAM.** . . . . . \_\_\_\_\_ (IND)  
(Include this # on financial page)

## REQUIRED DOCUMENTATION

Provide a 'Schedule of Expenditures' detailing how IACA *funds were expended* for this fiscal year

Include one to two examples of published materials and/or credit announcements relating to this grant program. This documentation should verify activities which took place during this grant period as well as your compliance with the requirement that IACA funding be acknowledged in printed material as follows: **"This program is partially supported by a grant from the Illinois Arts Council Agency, a State of Illinois agency."** If none, explain.

**Do not send additional Invoices/Affidavits credit announcements televised or read on-air.**

### NATIONAL ENDOWMENT FOR THE ARTS REQUIREMENTS

THE FOLLOWING QUESTION IS 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 AGENCY WILL NOT USE THIS INFORMATION DURING THE GRANTMAKING PROCESS.

**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.

- |   |  |
|---|--|
| <input type="checkbox"/> <b>A</b> Asian                         | <input type="checkbox"/> <b>P</b> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> <b>B</b> Black/African American        | <input type="checkbox"/> <b>W</b> White                            |
| <input type="checkbox"/> <b>H</b> Hispanic/Latino               | <input type="checkbox"/> <b>99</b> No single group                 |
| <input type="checkbox"/> <b>N</b> American Indian/Alaska Native |  |