

**Final Report
Grantee Information**

FY 2015

Arts Planning Grant

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.

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 information is required. Failure to provide requested information will result in this form not being processed.

Reports must be complete and signed by the Superintendent or Authorized Official. Complete this PDF form and save it. The completed form should be named with your grant number (such as: 20131234).

Email the completed form to Pius Zacharias (pius.zacharias@illinois.gov).
Consult IACA staff if you have questions.

_____		_____
DISTRICT NAME AND NUMBER		GRANT NUMBER
_____	_____	_____
ADDRESS	CITY	ZIP CODE
_____	_____	_____
INDIVIDUAL COMPLETING THIS FORM	TELEPHONE	E-MAIL
_____	_____	_____
TITLE OF FUNDED PROJECT (E.G., AFL ARTS PLANNING)	BEGINNING DATE	ENDING DATE

Final Report Summary:

(GRA) IACA Grant Amount Awarded	\$ _____
(EXP) Total Cash Expenses	\$ _____
(INK) Total In-Kind Contributions	\$ _____
(SPE) IACA Grant Amount Spent	\$ _____
(INC) Total Cash Income	\$ _____
(IND) Total Individuals Benefiting from Project	# _____
(YTH) Children Benefiting from Project	# _____
(ART) Artists Participating in Project	# _____
(VOL) Total Volunteers Participating in Project	# _____

Certification

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

1. The information detailed on this Final Report is fairly stated and complies with the rules of the State of Illinois' Grant Recovery Act, and all the grant conditions referenced on 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 made available to the Illinois Arts Council Agency or designated representative upon request.

_____	_____	_____
AUTHORIZING OFFICIAL SIGNATURE	NAME & TITLE	DATE

ILLINOIS ARTS COUNCIL AGENCY

Final Report
Financial Section

FY 2015

Arts Planning Grant

Show income and expenses related to the funded planning project.

1. IACA Grant Amount Awarded \$_____ (GRA)

INCOME

2. Federal Support \$_____

3. State / Regional Support (do not include this IACA grant) \$_____

4. Local / Municipal / County Support \$_____

5. Corporate Contributions / Support \$_____

6. Foundation Contributions / Support \$_____

7. Individual Contributions / Support \$_____

8. Other Revenue \$_____

9. District Cash Contributions \$_____

10. IACA Grant Amount Spent \$_____ (SPE)

11. Total Cash Income (sum 2 – 10) \$_____ (INC)

EXPENSES**Cash Expenses****In-Kind Contributions**

Improvement of Instruction Services (function #2210)

12. Salaries (Object 100) \$_____ \$_____

13. Employee Benefits (Object 200) \$_____ \$_____

14. Purchased Services (Object 300) \$_____ \$_____

15. Supplies & Materials (Object 400) \$_____ \$_____

General Administration Capped at 5% (function #2300)

16. Salaries (Object 100) \$_____ \$_____

17. Employee Benefits (Object 200) \$_____ \$_____

18. Purchased Services (Object 300) \$_____ \$_____

19. Supplies & Materials (Object 400) \$_____ \$_____

Payments to Other Edu. and Gov. Units (function #4000)

20. Purchased Services (Object 300) \$_____ \$_____

TOTAL Cash Expenses (sum Cash Expenses 12 – 20) \$_____ (EXP)

TOTAL In-Kind Contributions (sum In-Kind Contributions 12 – 20) \$_____ (INK)

Final Report
Individuals Benefiting from Project

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Arts Planning Grant

Benefit and Participation Information

1. Number of teachers involved in the planning process _____
2. Number of administrators involved in the planning process _____
3. Number of volunteers (e.g., parents) involved in the planning process _____ (VOL)
4. Number of artists involved in the planning process _____ (ART)
5. Number of other individuals involved in the planning process _____
6. Number of students / children involved in the planning process _____ (YTH)
7. Total individuals benefiting from project (sum 1 – 6) _____ (IND)

National Endowment for the Arts:

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 Agency will not use this information during the grantmaking process. Districts receiving planning grants for arts disciplines are required to answer the following questions.

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."

- | | |
|---|--|
| <input type="checkbox"/> A. 50% or more Asian | <input type="checkbox"/> N. 50% or more American Indian/Alaska Native |
| <input type="checkbox"/> B. 50% or more Black/African American | <input type="checkbox"/> P. 50% or more Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> H. 50% or more Hispanic/Latino | <input type="checkbox"/> W. 50% or more White |
| <input type="checkbox"/> 99. No single group listed above represents 50% or more of our staff, board, or leadership | |

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 is not designed to represent or reach any one particular group, check "99."

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

**Final Report
Overview****FY 2015****Arts Planning Grant**

Attach a copy of an action plan that identifies programmatic goals and objectives developed through analysis of the curricular needs and describes how the resulting program will be implemented. Include the approach to allocating resources and securing other external support in order to sustain the program over time.

Summarize the results of the planning process. Specific details should be discussed in the Goals and Objectives section of this report. Limit summary to one page.

Final Report
Planning Review Process

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Arts Planning Grant

CHART A: Planning Process Effectiveness . Evaluate the effectiveness of the planning process you have completed by describing the outcome of each activity under the objectives that were in the original application. In your evaluation, describe the success or failure of each activity.

OBJECTIVES	OUTCOME OF ACTIVITIES	SUCCESS OR FAILURE EVALUATION

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Planning Review Process

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Arts Planning Grant

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OBJECTIVES	OUTCOME OF ACTIVITIES	SUCCESS OR FAILURE EVALUATION

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 Planning Review Process

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Arts Planning Grant

CHART B: District Personnel Report. In the chart below, write the name, title (i.e., teacher, administrator, superintendent, student), and the role each played in the planning process (i.e., committee member, researcher, workshop participant).

	NAME	TITLE	ROLE
ADMINISTRATORS			
FACULTY			
STUDENTS			
OTHER			

Final Report
 Planning Review Process

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ADMINISTRATORS			
FACULTY			
STUDENTS			
OTHER			

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	NAME	TITLE	ROLE
ADMINISTRATORS			
FACULTY			
STUDENTS			
OTHER			

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Planning Review Process

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CHART C: Resources Report. In the chart below, write the names of the non-district human resources (i.e., parents, community representatives, consultants), and materials (i.e., books, program materials) that were used in the planning process.

CATEGORY	DESCRIPTION	COST
HUMAN RESOURCES		
MATERIAL RESOURCES		
OTHER		

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Planning Review Process

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CHART C: Resources Report. In the chart below, write the names of the non-district human resources (i.e., parents, community representatives, consultants), and materials (i.e., books, program materials) that were used in the planning process.

CATEGORY	DESCRIPTION	COST
HUMAN RESOURCES		
MATERIAL RESOURCES		
OTHER		

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Planning Review Process

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CATEGORY	DESCRIPTION	COST
HUMAN RESOURCES		
MATERIAL RESOURCES		
OTHER		

**Final Report
Action Plan**

FY 2015

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Goals and Objectives: Using your Action Plan, complete a chart for each goal and objective describing your future plans as a result of the planning process you have concluded.

Goal: _____

Objective: _____

STRATEGY	RESPONSIBLE PERSONNEL	TIMELINE	BUDGET	DATA COLLECTED
STRATEGY	RESPONSIBLE PERSONNEL	TIMELINE	BUDGET	DATA COLLECTED