COMMUNITY ARTS ACCESS GRANT PROGRAM
2016

This program is partially funded by a grant from the Illinois Arts Council, a state agency.

APPLICATION AND GUIDELINES

Due Date:
Friday, December 18, 2015
5:00 pm

Freeport Art Museum
121 North Harlem Avenue
Freeport, Illinois 61032
Phone: 815-235-9755  FAX: 815-235-6015
Email.director@freeportartmuseum.org
The mission of the Freeport Art Museum is to promote an understanding of art and culture through our collections, exhibitions, education.

BACKGROUND
The Freeport Arts Center, DBA the Freeport Art Museum (FAM) was established in 1975 as the Highland Area Arts Council to serve Stephenson, Carroll, Jo Daviess, Lee, and Ogle counties. Key among the Freeport Art Museum’s activities is the Community Arts Access (CAA) program funded in part by the Illinois Arts Council (IAC), a state agency. To this grant award from the IAC the Freeport Art Museum adds a 25% match.

Through this program, FAM is able to serve people in northwestern Illinois by extending arts funding to artists and not-for-profit organizations in Carroll, Jo Daviess, Lee, Ogle and Stephenson counties. The goal of the Community Arts Access program is to foster new and emerging artists and art programs by providing grants that increase community awareness and access to the arts in Illinois.

GUIDELINES
Application Deadline: Friday December 18, 2015 before 5:00 PM.

Maximum Grant Request: $1500 for either Individual Artists or Not-for-Profit Organizations

WHO WE FUND
Individual Artists and Not-for-Profit Organizations
Community Arts Access funds are available to artists and nonprofit organizations that provide high quality, innovative community arts programming in the northwestern Illinois counties of Carroll, Jo Daviess, Lee, Ogle and Stephenson counties. Priority is given to new and emerging artists or programs. Programs or events that are repeated on annual basis are not guaranteed funding.

Individual artists must be at least 21 years of age and a resident of one of the northwestern Illinois counties of Carroll, Jo Daviess, Lee, Ogle and Stephenson.

Not-for-profit organizations must be incorporated, with a valid street address in one of the NW Illinois counties of Carroll, Jo Daviess, Lee, Ogle and Stephenson. They must also have acquired or be in the process of applying for 501(c)(3) status.

WHAT WE FUND
Artists and organizations who plan and execute innovative projects of high quality that are oriented toward community arts and provide payment to artists from the State of Illinois with preference given to artists living in the above listed counties. All art forms and disciplines are eligible. Funded projects must provide service to one or more of the following counties: Carroll, Jo Daviess, Lee, Ogle or Stephenson.

Projects must take place between January 1 and August 31, 2016.
Community Arts Access will award at least 30% of funds to arts programming that makes special efforts in **reaching locally neglected or underserved audiences**: including minority, elderly, people with disabilities, low income, at risk youth or with limited access to the arts, and rural populations.

**WHAT WE DO NOT FUND**
1. Multiple applications are not allowed.
2. Projects with no public or community arts emphasis will not be funded. Artists and organizations are strongly encouraged to provide a public program with high visibility (by virtue of structure, location or publicity) that describes and/or documents their art program.
3. **Community Arts Access** funds may not be used as a source for funding day-to-day operations, or capital improvements. Programs by universities and colleges that are not open to the public, touring or travel outside designated counties for service, purchasing permanent equipment, or deficit funding are ineligible.
4. Awards may not be used as scholarships to assist artists in obtaining college degrees.
5. Grantees are ineligible for grant support for 5 years if they fail to complete their project during the designated period and/or fail to submit final reports on their projects 30 days following the ending date of their project. Funds must be returned to FAM if the project is canceled.
6. Incomplete applications or applications received after the due date/time will not be reviewed.
7. **Community Arts Access** funds may not be used for artistic programs at functions where the artists are not the primary focus.
8. **Community Arts Access** funds may not be used as support for fundraisers, benefits, receptions or other social functions.

**REVIEW CRITERIA**

**ARTISTIC MERIT (40%)**
Quality of an individual’s or organization’s artistic value, as demonstrated by submitted support materials
- Is artistic work or program innovative and creative?
- Does artistic work require technical skill and vision?
- Did the artist or organization supply concrete and specific background qualifications?
- Quality of support materials and resume
- Will the project further the organization’s mission? (Organizations only)

**COMMUNITY IMPACT (30%)**
- Does project or program meet current or future community needs?
- Does the project include diverse community representation and participation?
- Is it accessible to the community, regardless of race, gender, age, education or disability?
- Will the public be significantly involved and benefit from this project?
- Will the project be effective in achieving its goals with its target audience?
- Is there innovation in programming to incorporate diverse and new audiences in the project?
- Is the marketing plan effective?

**ORGANIZATIONAL CAPACITY (30%)**
- Does the project show clear and specific goals/objectives through a well-conceived and realistic plan of implementation?
- Evidence of sound management and planning
- Does the artist or program administrator demonstrate professionalism and ability to lead?
- Is the project budget clearly defined and realistic?
- Does the budget show support from diverse sources?
- Are the application materials clear, complete and consistent?
REVIEW PROCESS AND CALENDAR

APPLICATION REVIEW

December 18, 2015
Application deadline.

December-January
Staff review applications for completeness and eligibility.

January, 2016
Peer panel reviews grants and offers recommendations based on established criteria.

February, 2016
Applicants are notified by mail regarding funding status.

DISBURSEMENT OF FUNDS

After announcing the award of grantees,
1) Grantees will be required to submit letters advocating financial support of the arts to their state and federal legislative representatives.
2) Grantees must complete and return Letters of Agreement and Cash Request forms.
3) Must return a Final Report form within 30 days of program.

APPLICATION ASSISTANCE

Questions about the Community Arts Program and eligibility of funding can be addressed directly to Jessica J. Modica, Executive Director of the Freeport Art Museum via email at director@freeportartmuseum.org. Please reference CAA or Community Arts Access in the subject line of your email and allow 24 hours for a reply. Ms. Modica is also available to assist with questions relating to filling out the application.
2015 Community Arts Access program

GENERAL INSTRUCTIONS

- Please use legal name. Organizations must use their incorporated name.

- Only one application per artist or organization will be accepted.

- Application must be submitted on this form, a photocopy or the electronic form provided.

- Application must be typed.

- A written ink signature must be included on cover sheet in original set.

DELIVERY INSTRUCTIONS

- Mailed applications must be postmarked no later than December 18, 2015

- Applications in PDF format are accepted at director@freeportartmuseum.org

- Hand delivered applications must arrive before 5:00 PM on December 18, 2015.

- Please submit entire application (original and copies) in one single envelope package.

- Applicants must supply an Illinois street address.

DOCUMENTATION AND RETURN POLICY

- Copies of the application, budget and printed materials such as brochures, letters and samples will not be returned. Please retain copies for your files.

- Staff will make every effort to protect artistic support documentation; however staff is not liable for any loss or damage that may occur.

IF YOU WOULD LIKE YOUR ARTISTIC SUPPORT DOCUMENTATION RETURNED:

1. Enclose a self-addressed stamped envelope with sufficient postage and protective packaging.

OR

2. Artistic support materials will be ready for return on designated pick-up days. Applicants will be notified by mail following panel review.
ARTIST OR ORGANIZATION NAME:___________________________________________________

CONTACT PERSON:________________________________________________________________

Telephone: (W) ____________________   (H)____________________ (FAX) ___________________

Street
Address_______________________________________City_________________________________

State___________ Zip________________ Date of Not-For-Profit Incorporation____________________

Website _________________________________(Email)____________________________________

LEGISLATIVE DISTRICTS:

County: _______________ House: ___________ Senate: __________ Congress: __________

PROJECT INFORMATION

PROJECT TITLE: __________________________________________________________________

Project Dates:  Starting:______________________ Ending:___________________________

PROJECT DIRECTOR:______________________________________________________________

Telephone:  (H)_____________________________  (W) ______________________________

2016 Community Arts Access funds requested: $_____________________

ESTIMATE:  Number of artists participating: ________  Number of artists being paid: ________

Number of youth to benefit: _____________  Number of volunteers: ___________

Total number of individuals to benefit from the project: ________

Please complete the following section to the best of your ability. This information will be used for state
reporting purposes only. It is not used for awarding funds. NOTE: Your total may equal more than
100%.

Anticipated make-up of individual(s) benefiting from the project:

<table>
<thead>
<tr>
<th>Rural</th>
<th>%</th>
<th>African-American</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seniors</td>
<td>%</td>
<td>Asian</td>
<td>%</td>
</tr>
<tr>
<td>At-risk Youth</td>
<td>%</td>
<td>Hispanic</td>
<td>%</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>%</td>
<td>Native American</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>General/undefined</td>
<td>%</td>
</tr>
</tbody>
</table>
STATEMENT OF ASSURANCES
The applicant hereby agrees that:

1. The activities and services for which assistance is sought will be administered by or under the supervision of the applicant.
2. Any funds received under this grant shall not be used to supplant funds normally budgeted for services of this same type.
3. It will comply with Title VI of the Civil Rights Act of 1964 (42USC200D) to the end that, in accordance with Title VI of the Act, no person in the United States shall, on the grounds of race, color, religion, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity including employment for which the Applicant received Federal, State, or City, financial assistance from the Freeport Arts Center; and FURTHER AGREES THAT it will comply with Title VII of the Civil Rights Act of 1964 (42USC200e) as amended by Equal Employment Opportunities Act of 1972 (Public Law 92-96) and the Constitution of the State of Illinois (Article 1, sections 17-19) to the end that no person shall on the grounds of race, color, religion, national origin, sex or solely handicap unrelated to the job be denied equal opportunity in the hiring process, or be otherwise subjected to discrimination in employment or promotion practices for any position supported in whole or part by Federal, State or City financial assistance from the Freeport Arts Center; and FURTHER AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973 (29USC 706); as amended to the end that no otherwise qualified person in the United States shall, solely by reason of handicap, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity for which the applicant received Federal, State or City financial assistance from the Freeport Art Museum; and FURTHER AGREES THAT it will comply with Title IX of the Education Amendment of 1972 (20USC1981); and FURTHER AGREES THAT it will comply with the Age Discrimination Act of 1975 (Public Law94-135, Title III, Article 303).
4. The figures, facts and representation in this application, including all exhibits and attachments, are true and correct to the best of its knowledge and belief.
5. Applicant will expend funds received as a result of this application solely on the described projects and programs and will separately provide funds for the maintenance of the organization.
6. The filing of this application has been authorized by the governing board of the applicant.

THIS ASSURANCE is given in consideration of obtaining Freeport Art Museum grants, contracts, or other financial assistance extended after the date hereof, including payments after such date regarding assistant committed before such date. Applicant agrees that such assistance will be extended in reliance of this Assurance and that the government agency operating pursuant to Acts cited above shall have the right to seek judicial enforcement of this Assurance. The Assurance is binding on the Applicant, its successors, transferees and assignees. The person (or persons) whose signature appears below is authorized to sign the Assurance on behalf of the Applicant.

CERTIFICATION AND RELEASE
The undersigned certifies that he or she is an authorized signatory of the Applicant; has knowledge of the information presented herein; has read the guidelines of the Freeport Art Museum Community Arts Access program incorporated herein by reference, and that this Applicant releases the Freeport Art Museum, their employees and agents, with respect to damages to property or materials submitted in connection herewith.

ARTISTS

_____________________________     _________________________________
Artist's Name (Please Type)      Organization (Please Type)

__________________________________    _________________________________
Artist's Signature          Date    Executive Director Name (Please Type)

__________________________________    __________________________________
Address        Executive Director Signature                Date

__________________________________
City, State, Zipcode

ORGANIZATIONS

Organization (Please Type)

Executive Director Signature     Date

President of the Board Name (Please Type)

President of the Board signature     Date
APPLICATION NARRATIVE
2016 Community Arts Access

Please answer the following questions to the best of your ability. Respond to all questions using 12 point font and one inch margins.

1. Describe your history as an artist and how you are qualified to accomplish the proposed project. Organizations please state organizational mission and how the organization is qualified to accomplish the proposed project. Cite references, performances, exhibitions, publications, venues, dates, etc.

2. Provide a brief artistic statement. Organizations- explain why the organization has chosen its mission and what benefits it hopes to share through its work.
3. Describe the project for which funds are requested.

4. Who does your project serve? What audience, neighborhood or community will benefit?

5. What is the need for your project and how was the need determined?
6. How do you plan to promote your project? Provide dates, locations, and costs.

7. How will the funded project impact your artistic or organizational development?

8. If funded previously by the Freeport Art Museum’s Community Arts Access program, discuss how funds were used and how the funded project impacted your artistic or organizational development.
**APPLICATION BUDGET**

2016 Community Arts Access

<table>
<thead>
<tr>
<th>1. INCOME</th>
<th>ITEM</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Earned Income</td>
<td>Admissions</td>
<td>$</td>
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<tr>
<td></td>
<td>Other Revenue</td>
<td>$</td>
</tr>
<tr>
<td>b. Gifts/Donations</td>
<td>Corporate Support</td>
<td>$</td>
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<tr>
<td></td>
<td>Foundation Support</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Individual Contributions</td>
<td>$</td>
</tr>
<tr>
<td>c. Grants</td>
<td>Federal Funding</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>State Funding</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Municipal</td>
<td>$</td>
</tr>
<tr>
<td>d. Organizational Cash</td>
<td>Applicant’s Cash</td>
<td>$</td>
</tr>
<tr>
<td>e. Community Arts Access</td>
<td>Community Arts Access Request</td>
<td>$</td>
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<tr>
<td></td>
<td><strong>Total Income</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

**NOTE:** *Total income must equal total expenses*

<table>
<thead>
<tr>
<th>2. IN-KIND DONATIONS</th>
<th>What will you receive free of charge from other sources?</th>
<th>$ Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gift/Giver</td>
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<tr>
<td>a.</td>
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<td>b.</td>
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<td>c.</td>
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<tr>
<td>d.</td>
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<tr>
<td></td>
<td><strong>Total In-Kind</strong></td>
<td>$</td>
</tr>
</tbody>
</table>
### 3. EXPENSES

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Personnel:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative</td>
<td></td>
<td></td>
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<tr>
<td>Artist Fees</td>
<td></td>
<td></td>
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<tr>
<td><strong>b. Outside Fees/Services:</strong></td>
<td></td>
<td></td>
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<tr>
<td>Artistic</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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<tr>
<td><strong>c. Marketing:</strong></td>
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<tr>
<td>Printing</td>
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<tr>
<td>Mailing</td>
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<tr>
<td>Other (please list)</td>
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<tr>
<td><strong>d. Remaining Operating Expenses:</strong></td>
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<tr>
<td>Supplies</td>
<td></td>
<td></td>
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<tr>
<td>Space Rental</td>
<td></td>
<td></td>
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<tr>
<td><strong>e. Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please list)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>
Please describe all of the information provided in the budget. Itemize each income or expense—for example, if you noted an anticipated income of $2000 in corporate support, this is where you would name the corporation that has pledged the support or that you plan to approach for support. Be as descriptive as possible for both income and expenses, so the grant reviewer does not have any doubts as to the validity of the budget and how you arrived at the numbers.
This check list is for your information only. It is unnecessary to include it with your proposal.

6 SETS (copies) OF YOUR APPLICATION ARE REQUIRED. Please collate the following materials IN THIS ORDER, and PAPER CLIP each SET (do not staple). Please include this checklist on top of your original as the first page.

Each set should include:

- Application Cover sheet (ORIGINAL SIGNED form should be in the first set, photocopy for remaining set)
- Application Narrative
- Budget
- Budget Narrative explaining any amounts listed. Please list names of anticipated corporate or foundation support. If discounts are offered, please describe, i.e. seniors, children. Please identify sources of in-kind contributions.
- Artistic resume of each key project administrator and artist.
- Supplementary documentation: Submit up to 3 examples- letters of venue confirmation, critical reviews, press releases, sketches, proposed marketing materials, etc.
- Proof of residency
  - Individuals: Driver's license or State ID; Organizations: Annual Report to the Secretary of State
- Previously funded project documentation
  - *If you have received funding in the past please show materials crediting the Community Arts Access program.

SOLO ARTISTS and ARTISTS PARTNERING WITH ORGANIZATIONS

- Documentation of artistic ability for artists applying AND artists partnering with organizations. Check the item that you are including. It must directly relate to the artistic discipline included in your project.
  - Photo(s) each labeled with artist’s name, work title, medium and dimensions
  - JPEGs saved to a CD—title each image with artist first and last name and image number
  - Audio CD
  - DVD video (one copy, labeled, 3 minutes maximum play time)
  - Short Story (two copies collated with the applications)
  - Poems (two copies of three poems, assembled into sets, collated with applications)
  - Two Letters of Recommendation ONLY if above documentation is unavailable (two copies of each collated with applications)

ORGANIZATIONS MUST INCLUDE THE FOLLOWING IN ADDITION TO THE ITEMS ABOVE

- Current 12 month operating budget. Public schools may submit a single copy if their building budget is not easily excerpted from the district budget.
- List of Staff and Board of Directors, including professional affiliations.

NOTE: All materials must be included. Incomplete or late applications will not be reviewed.
Community Arts Access Grants 2016
Review Criteria

Grantee Name: _________________________________________ Grant Number: _____________

Scoring:

5=Outstanding, 4=Excellent, 3=Good, 2=Marginal, 1=Poor

1. Artistic Merit: 1 - 5 points
   Artistic quality of the project and its aesthetic or cultural impact on its audience
   Innovation and creativity of proposed activities
   Artistic mission expressed with clarity and purpose
   Provides services and/or support to local artists
   Offers economic opportunities for local artists
   Encourages local artists to create new work

2. Community Impact: 1 - 5 points
   Project meets current or future needs in community
   Project includes diverse community representation
   Accessibility to the community, regardless of race, gender, age, education or disability
   Public is significantly involved and will benefit from project
   Project is innovative in efforts to incorporate new, diverse audiences
   Marketing plan is effective; project will reach its target audience

3. Organizational Capability: 1 - 5 points
   Project shows clear and specific goals/objectives through a well-conceived and realistic plan
   Evidence of sound management and planning
   Budget is clearly defined and realistic
   Demonstrates financial responsibility and evidence of public and private support
   Demonstrates personnel support structure to implement the project
   Appropriate and adequate facilities and equipment

4. Impact of this Grant on the Project: 1 - 5 points
   Significant number of people will benefit from project
   Grant is for new, innovative project (i.e. NOT repeat projects)
   Project will promote the arts in NW Illinois
   Freeport Art Museum will be proud to promote this project

Total Score (out of 20 points) _____________________
Community Arts Access Grants FY2016
Grant Agreement and Cash Request

The grantee ____________________________________________________________ hereby requests the sum of
$_____________________ for grant number FY16-_________________________. The starting date of the project is
___________________________________ and the ending date of the project is ____________________________________.

I certify that ____________________ is the correct federal taxpayer identification number of the group in charge of this project.
(Individual artists use your social security number)

Notification Requirements. The Freeport Art Museum will distribute press releases to local newspapers announcing the grant
awards. Please forward copies of printed articles to the Freeport Art Museum. You are responsible for sending letters
announcing this grant to the governor and your state legislators. Include copies of those letters with this completed cash request
form. You must credit the Illinois Arts Council and the Freeport Art Museum with the phrase:  This project is partially
funded by the Illinois Arts Council, a state agency and the Freeport Art Museum. These materials must be received by
August 30, 2013.

Assurances as to projects financed by this grant.
Grantee certifies that all professional performers and related or supporting personnel so employed shall receive not less than
the prevailing minimum compensation as determined by the Secretary of Labor. Grantee also certifies that no part of any
project will be engaged in under working conditions which are unsanitary or dangerous to the health and safety of the
employees so engaged.

Grantee also certifies that they are not now suspended or debarred from federal sponsorship of grant funding. Suspension of a
grant is an action by a federal sponsoring agency that temporarily suspends federal sponsorship of the grant pending
corrective action by the recipient or pending a decision to terminate the grant by the federal sponsoring agency.
Termination of a grant means the cancellation of federal or state assistance, in whole or in part, at any time prior to the date
of completion. If you or your organization is suspended or debarred by one federal or state agency, you are suspended or
debarred by all federal or state agencies.

Grantee also certifies that you have notified the Freeport Art Museum of any and all grants or grant applications to the Illinois
Arts Council and National Endowment for the Arts.

Grantee agrees that all funds shall be expended only for the specific project described herein.
Grantee agrees that credit shall be given to the Illinois Arts Council, a state agency and the Freeport Art Museum on all public
notices, publicity, printed programs, public media and other applicable material.
Grantee agrees to submit a final report within thirty days of the project’s ending date.
Grantee agrees that none of these funds shall be used to purchase permanent equipment, capital improvements, or debt
repayment.
Grantee agrees that no person, on the grounds of race, color, religion, national origin, sex, age or disability, while otherwise
qualified, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any
program or activity supported by these funds.
Grantee certifies that grantee or its agents will not engage in the unlawful manufacture, distribution, dispensation, possession or
use of controlled substances in the performance of the contract.
Grantee agrees that it shall fully comply with all rules, regulations and other requirements now existing or which may hereafter
be adopted by the Freeport Art Museum with respect to grants of this nature.

_____________________________________________________________________________________________________
Signature of Authorizing Official      Date
_____________________________________________________________________________________________________
Mailing Address        City, State, Zip Code
Final reports are due within 30 days after the project conclusion. The report includes a summary page, financial report, and narrative report. Completed reports must be signed by the project director.

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Grant Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Contact, Person Completing This Form</th>
<th>Daytime Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title of Project Funded</th>
<th>Project Starting Date</th>
<th>Project Ending Date</th>
</tr>
</thead>
</table>

**Summary:**

- Actual Total Cash Expenses: $\_
- Actual In-Kind Contributions: $\_
- Community Arts Access Grant Amount: $\_
- Did you spend 100% of this grant on the project?: $\_
- Actual Total Cash Income: $\_
- Actual Total Individuals Benefiting from the Project: $\_
- Actual Total Artists Participating in the Project: $\_
- Actual Total Volunteers Participating in the Project: $\_

Please complete the financial and narrative portions of this final report.

**Project Director’s Signature**

**Date Submitted**

If, because you aren’t a legally recognized not-for-profit organization, you are working with a fiscal agent, please have an authorizing official from that fiscal agent sign below.

<table>
<thead>
<tr>
<th>Type Name of Fiscal Agent/Organization</th>
<th>Authorizing Official’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
Briefly describe how your organization used the grant funds. Please indicate if there are any major deviations from the program description in the original Community Arts Access application. Include statistics on the participating artists, volunteers, audience size, and any other applicable statistics.

Please evaluate the way you used your grant funds in terms of how they helped you accomplish the organization's goals. Describe the impact on the constituency served.
**Freeport Art Museum Community Arts Access**

**Final Report: Budget**

### INCOME

<table>
<thead>
<tr>
<th>ITEM</th>
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<tbody>
<tr>
<td>Admissions</td>
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<td>Individual Contributions</td>
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<tr>
<td>Federal Funding</td>
<td>$</td>
</tr>
<tr>
<td>Illinois Arts Council</td>
<td>$</td>
</tr>
<tr>
<td>Municipal</td>
<td>$</td>
</tr>
<tr>
<td>Applicant’s Cash</td>
<td>$</td>
</tr>
<tr>
<td>Community Arts Access Grant</td>
<td>$</td>
</tr>
</tbody>
</table>

**Actual Total Cash Income $**

**NOTE:**

*Total income must equal total expenses*

### IN-KIND DONATIONS

<table>
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<tr>
<th>Gift/Giver</th>
<th>What did you receive free of charge from other sources?</th>
<th>$ Value</th>
</tr>
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<tbody>
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<td>1.</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
<td></td>
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**Actual In-Kind**

### EXPENSES

**Personnel:**

- Administrative $ 
- Artist Fees $ 
- Technical/Production $ 

**Outside Fees and Services:**

- Artistic $ 
- Other $ 

**Marketing:**

- Printing $ 
- Mailing $ 
- Other (please list) $ 

**Remaining Operating Expenses:**

- Supplies $ 
- Space Rental $ 
- Other (please list) $ 

**Actual Total Expenses $**