

Final Report
Grantee Information

FY 2014

Arts and Foreign Language
Implementation Assistance 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 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 Jerome Grand (jerome.grand@illinois.gov) and Pius Zacharias (pius.zacharias@illinois.gov). Consult IACA staff if you have questions.

_____		_____
DISTRICT NAME AND NUMBER		GRANT NUMBER
_____	_____	_____
ADDRESS	CITY	ZIP
_____	_____	_____
INDIVIDUAL COMPLETING THIS FORM	TELEPHONE	E-MAIL
_____	_____	_____
TITLE OF PROJECT FUNDED (E.G., AFL ARTS IMPLEMENTATION)	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 Benefiting from 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 be 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 2014

Arts and Foreign Language
Implementation Assistance Grant

Show income and expenses related to the funded implementation project.

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

Income

2. Federal Support \$_____

3. State / Regional Support (do not include 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**

Instruction (function #1000)

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

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

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

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

16. Capital Outlay (Object 500) \$_____ \$_____

17. Noncapitalized Equipment (Object 700) \$_____ \$_____

Improvement of Instruction Services (function #2210)

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

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

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

21. Supplies and Materials (Object 400) \$_____ \$_____

22. Capital Outlay (Object 500) \$_____ \$_____

23. Other Objects (Object 600) \$_____ \$_____

24. Noncapitalized Equipment (Object 700) \$_____ \$_____

General Administration Capped at 5% (function #2300)

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

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

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

28. Supplies and Materials (Object 400) \$_____ \$_____

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

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

30. Other Objects (Object 600) \$_____ \$_____

31. TOTAL Cash Expenses (sum Cash Expenses 12 – 30) \$_____ (EXP)

32. TOTAL In-Kind Contributions (sum In-Kind Contributions 12 – 30) \$_____ (INK)

ILLINOIS ARTS COUNCIL AGENCY

Final Report

FY 2014

Arts and Foreign Language
Implementation Assistance Grant**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.

NEA1. Using the characteristics below, please indicate the predominate racial characteristics of your organization. If at least 50% 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 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 activity 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 2014

**Arts and Foreign Language
Implementation Assistance Grant**

Attach a copy of the Action Plan for your project and briefly summarize the results of the implementation process. Indicate any changes from the original implementation proposal. Limit summary to two pages.

**Final Report
Overview**

FY 2014

**Arts and Foreign Language
Implementation Assistance Grant**

Attach a copy of the Action Plan for your project and briefly summarize the results of the implementation process. Indicate any changes from the original implementation proposal. Limit summary to two pages.

**Final Report
Implementation Review Process**

FY 2014

**Arts and Foreign Language
Implementation Assistance Grant**

CHART A: Implementation Effectiveness. Evaluate the effectiveness of the implementation 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. Duplicate form as needed.

OBJECTIVES	OUTCOME OF OBJECTIVES	SUCCESS OR FAILURE EVALUATION

**Final Report
Implementation Review Process**

FY 2014

**Arts and Foreign Language
Implementation Assistance Grant**

CHART A: Implementation Effectiveness. Evaluate the effectiveness of the implementation 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. Duplicate form as needed.

OBJECTIVES	OUTCOME OF OBJECTIVES	SUCCESS OR FAILURE EVALUATION

**Final Report
Implementation Review Process**

FY 2014

**Arts and Foreign Language
Implementation Assistance Grant**

CHART A: Implementation Effectiveness. Evaluate the effectiveness of the implementation 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. Duplicate form as needed.

OBJECTIVES	OUTCOME OF OBJECTIVES	SUCCESS OR FAILURE EVALUATION

**Final Report
Implementation Review Process**

FY 2014

**Arts and Foreign Language
Implementation Assistance Grant**

CHART A: Implementation Effectiveness. Evaluate the effectiveness of the implementation 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. Duplicate form as needed.

OBJECTIVES	OUTCOME OF OBJECTIVES	SUCCESS OR FAILURE EVALUATION

**Final Report
Implementation Review Process**

FY 2014

**Arts and Foreign Language
Implementation Assistance 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 implementation process (i.e., committee member, researcher, workshop participant). Duplicate form as needed.

	NAME	TITLE	ROLE
ADMINISTRATORS			
FACULTY			
STUDENTS			
OTHER			

**Final Report
Implementation Review Process**

FY 2014

**Arts and Foreign Language
Implementation Assistance 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 implementation process (i.e., committee member, researcher, workshop participant). Duplicate form as needed.

	NAME	TITLE	ROLE
ADMINISTRATORS			
FACULTY			
STUDENTS			
OTHER			

**Final Report
Implementation Review Process**

FY 2014

**Arts and Foreign Language
Implementation Assistance 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 implementation process (i.e., committee member, researcher, workshop participant). Duplicate form as needed.

	NAME	TITLE	ROLE
ADMINISTRATORS			
FACULTY			
STUDENTS			
OTHER			

**Final Report
Implementation Review Process**

FY 2014

**Arts and Foreign Language
Implementation Assistance 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 implementation process (i.e., committee member, researcher, workshop participant). Duplicate form as needed.

	NAME	TITLE	ROLE
ADMINISTRATORS			
FACULTY			
STUDENTS			
OTHER			

**Final Report
Implementation Review Process**

FY 2014

**Arts and Foreign Language
Implementation Assistance Grant**

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

CATEGORY	DESCRIPTION	COST
HUMAN RESOURCES		
MATERIAL RESOURCES		
OTHER		

**Final Report
Implementation Review Process**

FY 2014

**Arts and Foreign Language
Implementation Assistance Grant**

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

CATEGORY	DESCRIPTION	COST
HUMAN RESOURCES		
MATERIAL RESOURCES		
OTHER		

**Final Report
Implementation Review Process**

FY 2014

**Arts and Foreign Language
Implementation Assistance Grant**

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

CATEGORY	DESCRIPTION	COST
HUMAN RESOURCES		
MATERIAL RESOURCES		
OTHER		

**Final Report
Implementation Review Process**

FY 2014

**Arts and Foreign Language
Implementation Assistance Grant**

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

CATEGORY	DESCRIPTION	COST
HUMAN RESOURCES		
MATERIAL RESOURCES		
OTHER		

ILLINOIS ARTS COUNCIL AGENCY

**Final Report
Action Plan**

FY 2014

**Arts and Foreign Language
Implementation Assistance Grant**

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

GOAL: _____

OBJECTIVE: _____

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

ILLINOIS ARTS COUNCIL AGENCY

**Final Report
Action Plan**

FY 2014

**Arts and Foreign Language
Implementation Assistance Grant**

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

GOAL: _____

OBJECTIVE: _____

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

--	--	--	--	--

**Final Report
Action Plan**

FY 2014

**Arts and Foreign Language
Implementation Assistance Grant**

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

GOAL: _____

OBJECTIVE: _____

STRATEGY	RESPONSIBLE PERSONNEL	TIMELINE	BUDGET	DATA COLLECTED

STRATEGY	RESPONSIBLE PERSONNEL	TIMELINE	BUDGET	DATA COLLECTED