



OCEAN COUNTY CULTURAL & HERITAGE COMMISSION

LOCAL ARTS PROGRAM FUNDING
FINAL REPORT: NJSCA LAP FISCAL YEAR 2008
(January 1, 2008 - December 31, 2008)

This report is due on or before January 23, 2009

Name of Organization: _____

Category Type of Grant Received: _____ SP _____ SORP _____ GOS

Please give a 1 or 2 sentence synopsis of the project or purpose of the grant:

Financial Information [Documentation of expenses and match, along with provided budget sheets must be attached].

1. Grant Amount Awarded [This is the full award even if not yet entirely received.] \$ _____

2. Grant Amount Spent [This equals the full award, unless it was not completely spent.] \$ _____

3. Grant Amount Matched

Cash Match [all cash expenses, less grant award] A \$ _____

Non-cash Match (or In-kind Support) B \$ _____
[The value of materials or services specifically identified with the program/project which were provided by volunteers or outside parties at no cost to the organization.]

Total Match (A + B) C \$ _____
[Must be equal to or greater than Grant Amount Spent]

In-kind Support as a Percentage of Total Match (B ÷ C)
_____%

4. Total Expenditures [Grant Amount Spent (2) + Total Match (3C)] \$ _____

Did you receive any other grants (not including this grant) towards this special project, in 2008?
Please enter the total amount of other grant dollars here \$ _____

5. COMPLETE ATTACHED ACTUAL EXPENSE/INCOME BUDGET SHEETS.

What is the total number of events or activities that this grant supported? (Note: For theatrical productions, count each day/eve the production is staged). _____

Break-Out from the Above Total, number of activities as designated below:

_____ **Performances** _____ **Workshops** _____ **Exhibitions**
 _____ **Classes** _____ **Lectures** _____ **Other: Describe** _____

Number of Artists Participating: What is the actual number of artists (soloists, performers, demonstrators, instructors, etc.) who have directly benefited from this grant? If a group has performed together, give the number of individuals within the group. _____

ATTENDANCE

I. Total Attendance. Please list the sum total of all attendance at your events. You may count someone who attended multiple events **each time** they attended. Do the same for “artists engaged”. Even if you do not have exact figures, please use your best estimate.

1. Total # of adults attending/participating:	
2. Total # of children (under 18) attending:	
3. Total # attendance/participation (this answer = 1 + 2):	
4. Indirect Attendance/Participation*:	
5. Artists Engaged:	

II. Number of Individuals Benefiting. In this section, count an individual **once only** even if they attended multiple events. The idea here is how many individuals benefited -, regardless of how many times the same person came to different events, you would only count that person once. If you cannot obtain actual or reliable figures, leave this section blank. You will not be penalized.

1. Number of adults benefiting:	
2. Number of children (under 18) benefiting:	
3. Indirect Beneficiaries*:	
4. Artists Engaged	
5. Total Benefiting	

* Indirect beneficiaries refer to those who received a significant artistic experience through listenership, viewership or readership via broadcast, internet or publication of a substantial amount of work, performances or artistic product.

Audience Demographics

For the figures provided above in the attendance section, estimate the percentages of your audiences in terms of race, ethnicity, age, income level, education level, disabilities, etc. as best as you are able. **Provide percentages.**

Arts Education: On the lines below, please enter the amount (actual dollars) spent on arts education during the grant period and the percentage of the total arts expenditure (this figure may be larger than the amount of funding granted) for the organization.

Amount spent on pro-active* arts education in grant year 2008 \$_____

This represents _____% of the organization's grant year 2008 budget.

* *classes, seminars, symposia, school workshops, residencies, galley talks - not regular programs - concerts, exhibits, performances.*

Program Evaluation [If you prefer, attach a separate narrative addressing these questions]. NOTE: THIS SECTION IS MANDATORY!

Briefly describe a significant accomplishment/success of the organization during this grant period that this funding enabled.

Briefly describe any outreach/marketing efforts to broaden or diversify the constituency served or to reach underserved audiences.

Briefly evaluate the overall financial success of the organization's activities funded through this grant.

Describe any important or unexpected accomplishments, awards, or recognition received by your organization, directly relating to the activities supported by this grant. An anecdotal story of how an audience member or participant benefited from a grant-funded activity is welcomed, if you have one.

Support Material:

Submit all relevant financial information including evidence of matching funds (invoices, canceled checks, etc.). Also attach samples of your publicity demonstrating compliance (Credit Agreement) with New Jersey State Council on the Arts (NJSCA) requirements. The preferred format for these attachments is 8 1/2" X 11" photocopies. You may also attach support materials relating to the organization's efforts toward extended professional development, marketing, outreach to special constituencies, etc.

Budget Sheets:

Fill out actual expenses and income figures from 2008 on the budget sheets provided, for this grant period. Your report will not be considered complete, and you will not receive final payment without submission of this information.

Authorization

I understand and agree that the financial and programmatic records, supporting documents, statistical records and all other records pertinent to the grant must be retained for a period of three years following the end of the grant cycle. I agree to make available to the Commission for a period of three years following the end of the grant cycle any and all financial records pertaining to the expenditure of Commission grant funds.

I certify that the foregoing information and all other attachments are true and correct, and that all expenditures were incurred solely for the purpose of this grant.

Authorized Signatures:

Program/Project Director _____ Phone# _____ Date: _____

Chief Financial Officer _____ Phone# _____ Date: _____

Name of Person Who Filled Out this Report _____ Phone # _____

KEEP A COPY OF THIS REPORT FOR YOUR ORGANIZATION'S FILE