

**Commissioner Virginia E. Haines, Chairwoman****LOCAL ARTS PROGRAM FUNDING NJSCA FINAL REPORT**

(January 1, 2024 - December 31, 2024)

***This report is due on or before January 8, 2025****Digital copies are available upon request to sstokes@co.ocean.nj.us***Name of Organization:** \_\_\_\_\_**Category Type of Grant Received:** \_\_\_\_\_ SP \_\_\_\_\_ GOS**Please give a 1 or 2 sentence synopsis of the project or purpose of the grant:**

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**TOTAL ACTIVITY****Overall:** 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 number of artists (soloists, individual or ensemble performers, demonstrators, instructors, etc.) who have directly benefited from this grant? \_\_\_\_\_**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. Indirect Attendance/Participation ( <u>significant</u> artistic experience through broadcast, internet, or publication of a substantial amount of work, performances or product):	
4. Artists Engaged:	
5. Additional Impact (newsletters, cultural calendars, etc.)	

**II. Number of Individuals Benefiting.** In this section, count an individual **only once** even if they attended multiple events. The idea here is how many distinct individuals benefited, regardless of how many times the same person came to different events. This can be hard to gage, try your best.

1. Number of adults benefiting:	
2. Number of children (under 18) benefiting:	
3. Indirect Beneficiaries ( <u>significant</u> artistic experience through broadcast, internet, or publication of a substantial amount of work, performances or product)	
4. Artists Engaged	

**Audience Demographics by Populations:** For the next three questions, **select all categories that, by your best estimate, make up 25% or more of the population that directly benefited** from the award during the period of support.

Population Benefited by Race/Ethnicity (select all that apply)

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White
- ☐ No single racial/ethnic group made up more than 25% of the population directly benefited

Population Benefited by Age (select all that apply)

- ☐ Children/Youth (0-18 years)
- ☐ Young Adults (19-24 years)
- ☐ Adults (25-64 years)
- ☐ Older Adults (65+ years)
- ☐ No single age group made up more than 25% of the population directly benefited

Population Benefited by Distinct Groups (select all that apply)

- ☐ Individuals with Disabilities
- ☐ Individuals in Institutions (include people living in hospitals, hospices, nursing homes, assisted care facilities, correctional facilities, and homeless shelters)
- ☐ Individuals below the Poverty Line
- ☐ Individuals with Limited English Proficiency
- ☐ Military Veterans/Active Duty Personnel
- ☐ Youth At Risk
- ☐ No single distinct group made up more than 25% of the population directly benefited

## **PARTICIPATION**

**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. Examples of Pro-active arts education: classes, seminars, symposia, school workshops, residencies, galley talks - not regular, programs - concerts, exhibits, performances.

Amount spent on pro-active arts education in grant year 2024: \$\_\_\_\_\_

This represents \_\_\_\_\_ % of the organization's grant year 2024 budget.

**PROGRAM EVALUATION [Please attach a separate narrative addressing these questions]**

1. Briefly describe a significant accomplishment/success of the organization during this grant period that this funding enabled.
2. Briefly describe any outreach/marketing efforts to broaden or diversify the constituency served or to reach underserved audiences.
3. 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.
4. Please provide an example of how you worked to provide accommodations to individuals with disabilities.
5. Briefly evaluate the overall financial success of the organization's activities funded through this grant. **Please explain any variance of more than 10% from the total budget and how either will be remedied.**

**SUPPORT MATERIALS** - Please enclose the following support materials with the final report

**1. Financials:** Submit relevant financial information including evidence of expenses and matching funds (photocopies of canceled checks, invoices etc.). Your report will not be considered complete, and you will not receive final payment without submission of this information.

**2. Publicity:** 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. Support materials should show the organization's efforts toward professional development, marketing, and outreach to special constituencies, etc.

**SUMMARY OF THE ACTUAL EXPENSE/INCOME BUDGET SHEETS** – Totals from Budget Sheets

3. **Total Actual Cash Expenses** [of your project (SP) or organization (GOS)] \$ **(A)** \_\_\_\_\_  
*This figure is the total at the bottom of the Total Actual Cash Expenses (A)]*
4. **Grant Amount Awarded** [The full award even if not yet entirely received.] \$ \_\_\_\_\_
5. **Grant Amount Spent** [The full award, unless it was not completely spent.] \$ **(C)** \_\_\_\_\_
6. **Total Cash Match** [Expenses paid with cash from other funding sources] \$ **(E)** \_\_\_\_\_
7. **Surplus/Deficit** [Actual Cash Income **(F)** minus Total Actual Cash Expenses **(A)**] \$ \_\_\_\_\_
8. **Total of In-Kind Goods & Services** [of your project (SP) or Organization (GOS)] \$ **(D)** \_\_\_\_\_

## AUTHORIZATION

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. 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.

### Authorized Signatures:

Program/Project Director

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Phone# \_\_\_\_\_

Date: \_\_\_\_\_

Chief Financial Officer

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

Phone# \_\_\_\_\_

Date: \_\_\_\_\_

**FY 2024 Final Budget Form LAP:**

**Grantee Organization Name:**

**Note: Column 2 should equal Column 3 + Column 4 + Column 5.**

	<b><i>Revised Total Amount Budgeted</i></b>	<b><i>Final Total Amount Budgeted (SP –project only; GOS – total annual income)</i></b>	<b><i>Expenses From OCCHC Grant</i></b>	<b><i>Expenses paid with cash from other funding sources</i></b>	<b><i>Cash Value of in-kind Match, if applicable</i></b>
	<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>PERSONNEL</b>					
Administrative Staff					
Technical/production					
Outside Professional fees					
Other					
<b>OPERATING EXPENSES</b>					
Advertising/marketing					
Equipment rental					
Insurance					
Maintenance					
Phone/fax					
Postage					
Printing					
Space Rental					
Supplies/materials					
Travel/transportation					
Utilities					
OTHER EXPENSES [list]					
<b>TOTAL EXPENSES</b>	<b>(R)</b>	<b>(A)</b>	<b>(C)</b>	<b>(E)</b>	<b>(D)</b>

**In-Kind Funds:** Please estimate the total value of in-kind goods/services that you received in FY 2024 on the expense and income forms at \$31.80 an hour (Source: [www.independentsector.org/volunteer\\_time](http://www.independentsector.org/volunteer_time)). General operating support award recipients: count all in-kind funds; special project award recipients: count only those towards the awarded project.

**Organization:**

**FY 24 LAP FINAL MATCHING FUNDS**

<b>Revised Source of Cash Match</b>	<b>Anticipated Income</b> <i>(from the FY 24 Revised Budget Form handed in with the FY 24 grant agreement)</i>	<b>Final FY 24 Income</b> (SP – towards project only; GOS – total annual income)
<b>Business Contributions [list sources and amounts]</b>		
<b>Foundations [list sources and amounts]</b>		
<b>Government Other than OC C&amp;H Commission [sources and amounts]</b>		
<b>Private Contributions: Individual Support, Events, Membership Fees</b>		
<b>Earned Income [e.g. itemize program fees, ticket sales, tuition, concessions]</b>		
<b>Subtotal:</b>		
<b>Awarded Amount from OC C&amp;H Commission in this grant:</b>		<b>(C)</b>
<b>Total Income :</b>		<b>(F)</b>
<b>TOTAL IN-KIND towards match, if applicable: [list sources and amounts in the in-kind column of the expense page]</b>		<b>(D)</b>