

**"CIP"**  
**FINAL REPORT FORM**  
(PLEASE TYPE)

**Please return this FINAL REPORT form no later than 30 days after the end of your program, or by January 15, 2017, whichever comes first. Submit two copies with complete documentation. Your consideration for future funding depends upon completion and timely submission of this form.**

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

REPORT COMPLETED BY: \_\_\_\_\_ DATE \_\_\_\_\_  
(Name & Title)

**1. Please describe briefly the program or service for which your organization received funds. Include the beginning and ending dates of the project and the extent to which the goals were reached. If the program or service differed from that stated in your contract with the GCCA, please explain.**

**2. How many people were served by this program?**

*NUMBER OF INDIVIDUALS ATTENDING* \_\_\_\_\_  
*NUMBER OF ARTISTS PARTICIPATING:* \_\_\_\_\_  
*NUMBER OF VOLUNTEERS INVOLVED:* \_\_\_\_\_  
*NUMBER OF EMPLOYEES* \_\_\_\_\_

**Please complete the following or attach a separate listing of your funded programs/events.**

<u>PROGRAM/EVENT</u>	<u>LOCATION</u>	<u>DATE</u>	<u>ATTENDANCE</u>	<u>INCOME</u>
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**3. Please describe methods used to publicize your organization's funded program(s). Include copies of any press releases and resulting publicity. Also include printed materials, such as programs, posters, etc.**

**4. Please describe how your funded program reflects the local community's needs, involvement and support.**

**5. What did these funds provide that would not have been possible for your organization without such aid?**

**6. Do you have any suggestions for improvement or changes in this grant program?**

*Please complete the financial information on the reverse.*

**CIP FINAL REPORT  
FINANCIAL INFORMATION**

1. **Please submit your organization's financial statements** (expenses, revenues, balance sheets, etc.) for the fiscal year in which the project was completed and enclose with this report. **Fiscal Year Ends (mo/day):**\_\_\_\_\_. Complete **Column A** from these reports or, if your fiscal year has not yet ended, estimate total organizational figures and submit revisions with financial statements.

*(Please check one)*

**Financial statements enclosed:**\_\_\_\_\_ (or) **Available by:**\_\_\_\_\_

2. **If you have received General Operating Support, please ignore Column "B" and leave it blank.** However, **if you have received specific project support complete both Column "A" and Column "B"**. In Column "B" indicate only expenses and income for project(s) supported by GCCA's "CIP" grant.

	<i>Organization's</i> <b>A. <u>Total Budget</u></b>	<i>Funded Program(s)</i> <b>B. <u>Program Budget</u></b>
<u>EXPENSES:</u>		
<b>Personnel:</b>		
- Administrative	_____	_____
- Artistic	_____	_____
- Other	_____	_____
<b>Outside Fees &amp; Services:</b>		
- Artists	_____	_____
- Other (tech., consultants, etc.)	_____	_____
<b>Space Rental</b>	_____	_____
<b>Travel</b>	_____	_____
<b>Promotion</b>	_____	_____
<b>Remaining Operating</b>	_____	_____
<b>TOTAL EXPENSES .....</b>	<b>\$</b> _____	<b>\$</b> _____
 <u>REVENUE:</u>		
<b>Earned</b>		
- Admissions	_____	_____
- Memberships	_____	_____
- Contracted Services	_____	_____
- Tuition/Class & Wrkshp Fees	_____	_____
- Fundraising Gross	_____	_____
- Ads/Sales/Concessions	_____	_____
<b>Total Earned Revenue .....</b>	<b>\$</b> _____	<b>\$</b> _____
<b>Unearned</b>		
- Corporate/Business Donations	_____	_____
- Foundations	_____	_____
- Individual Contributions	_____	_____
- Federal Gov't ( <b>specify source</b> )	_____	_____
- State Gov't ( <b>specify source</b> )	_____	_____
- Local Gov't ( <b>specify source</b> )	_____	_____
- Other ( <b>specify source</b> )	_____	_____
<b>Total Unearned Revenue .....</b>	<b>\$</b> _____	<b>\$</b> _____
<b>SUB-TOTAL REVENUE</b> <i>(before "CIP" Grant) .....</i>	<b>\$</b> _____	<b>\$</b> _____
<b>"CIP" Grant from GCCA</b>	+_____	+_____
<b>TOTAL REVENUE .....</b>	<b>\$</b> _____	<b>\$</b> _____
Surplus or Deficit from Above (please explain)	\$_____	\$_____
In-Kind Contributions (dollar value)	\$_____	\$_____

I hereby certify that \_\_\_\_\_ has performed the service or activity stated in its agreement with the GCCA and has done so during the time period agreed upon and in accordance with the approved budgets.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_