

LOCAL ARTS AGENCY FINAL REPORT - FY 2008

Deadline: August 31, 2007 (60 days from the end of the funding period)

Please submit one (1) completed copy of this report to: John Cusano, Community Development Coordinator, Connecticut Commission on Culture & Tourism, One Constitution Plaza, 2nd Floor, Hartford, CT 06103

RECIPIENT INFORMATION

Grant Number _____ (Found on page one of grant contract) FY08 Grant Amount \$ _____

Organization Name _____

Mailing Address _____

City/State/Zip _____ Check box if address has changed

Telephone _____ Fax _____

Contact Person _____ E-mail _____

GRANTEE DIVERSITY DATA

In order to meet State and Federal reporting requirements, please supply the following information. This data will not be used for discriminatory purposes and will not be considered in the evaluation of grant applications. Please select the racial / ethnic characteristic that represents a majority of your staff, board, or membership.

- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Hispanic/Latino
- American Indian/Alaskan Native
- No Single Group listed above represents 50 percent or more of staff or board or membership

NATIONAL STANDARD DATA

To answer this section, please consult the Final Report Instructions and the "National Standard Codes" contained in those Instructions. Enter the appropriate numerical codes as they apply to your organization or project.

Grantee Legal Status _____ Grantee Primary Discipline _____

Grantee Type of Institution _____ Grant Project / Activity Discipline _____

PROJECT DIVERSITY INFORMATION

This information is required by and for the National Standard for Arts Information Exchange. If the majority of activities were 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 listed below, please check the appropriate box. Otherwise, check "No Single Group."

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic/Latino
- White
- Native Hawaiian/Pacific Islander
- No Single Group

SUMMARY INFORMATION

• See *Final Report Instructions* for clarification of terms

_____ Total Audience/Individuals benefiting _____ Number of **Children & Youth** participating

_____ Number of **Artists** participating

CREDIT AND PUBLICITY

In the space provided below, please explain how CCT was credited with support of your organization. Please attach printed materials.

NARRATIVE REPORT

Answer the following questions using no more than two single-sided 8 ½” x 11” pages. Please retype question numbers and the question before each answer and use a font size of at least 11 points.

1. Briefly describe the successes and challenges during implementation of the services and community development programs described in your original grant application. Convey any changes from your initial planning.
2. How have you evaluated your FY08 LAA grant activities? What was learned in the evaluation process and how will this information influence subsequent community development planning?
3. Briefly describe the impact of the grant activities on your constituents and community served. Of the activities subsidized by the LAA program, describe underserved groups or individuals, if any, that benefited.
4. How has your organization built its capacity through your FY08 LAA grant activities? Likewise, how has your organization utilized and/or helped to establish Connecticut’s LAA network?

FINANCIAL SUMMARY

Answer using actual financial information for the period covering the FY08 LAA program (July 1, 2007 - June 30, 2008). Include your FY08 LAA program award total in cash income figure below.

Organization’s Fiscal Year: Start date: _____ End date: _____

Total Cash Income July 1, 2007 – June 30, 2008:	
Total Cash Expenses July 1, 2007 – June 30, 2008:	
Total In-Kind July 1, 2007 – June 30, 2008:	

Did the organization have an operating surplus? Yes No If so, list total amount: _____

Did the organization have an operating deficit? Yes No If so, list total amount: _____

Does the organization have an Endowment? Yes No

If Yes, list the year end total principal amount of the Endowment: \$ _____

Has the organization drawn from the Endowment during the most recently completed fiscal year?

Yes No N/A

If Yes, list the total drawn from the Endowment: \$ _____

IMPORTANT: Complete the FINAL REPORT INCOME & EXPENSE budgets (MS Excel formatted separate 2-page document) to fulfill all FY08 LAA reporting requirements.

CERTIFICATION

The undersigned certifies that the information contained in this report and all its attachments are true and correct to the best of his or her knowledge and that all expenditures were incurred solely for the purpose of this grant.

Signature _____ Title _____

Printed Name _____ Date _____