

Visiting Artist Program

2017-2018 FINAL GRANT REPORT

I. Grantee Information

Organization Name: _____

Contact Name: _____ Title: _____

Email Address: _____ Telephone: _____

Grant Amount Awarded: _____

II. Program Information

Title of Funded Program: _____

Total # Activities / Sessions: _____

This includes each time an arts-related activity took place; e.g. if an artist taught 3 different classes in one day, the number would be 3.

Counties Served By This Program: _____

Please list the names of counties, e.g. Carroll, Clinton, and Tippecanoe.

Please provide a detailed narrative of the program, including the program's schedule, content, and impact on the community. If additional space is needed, you may submit the narrative portion in a one-page word document.

III. Program Budget

Did your budget vary more than 10% from your proposal? Yes No

If yes, please explain:

Actual Program Budget

EXPENSES	
Instructor Fees	
Supplies	
Facility/Space Rental	
Other:	
Other 2:	
TOTAL EXPENSES	

INCOME	
Visiting Artist Program Grant	
Organization's Cash Contribution	
Cash Donations	
Other:	
Other 2:	
TOTAL INCOME	

IN-KIND EXPENSES/INCOME:

Please list any in-kind (non-cash) expenses or income here with corresponding dollar amounts:



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IV. Evaluation & Outcomes

Describe your process for evaluating the success of the program?

What was the most successful part of the program?

What was the most challenging part of the program?

If you were to do this program again, what changes would you make?

Please check next the items below that describe verifiable RESULTS of the project.

- Contributed to the local economy.
- Improved quality of life in the community.
- Broadened the general public's knowledge of, or skills in, the arts.
- Provided arts activities to an underserved community or group.
- Increased understanding among different cultures.
- Increased understanding about different art forms.
- Advanced a specific art form.
- Strengthened the arts education curriculum in local schools.



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V. Participant Information

Participant Demographic Information

RACE/ETHNICITY	
American Indiana/Alaska Native	
Asian	
Black/African American	
Hispanic/Latino	
White, not Hispanic	
Native Hawaiian/Pacific Islander	
TOTAL # PARTICIPANTS	

How many children (under 18) participated in this program?*

Which grade levels did this program serve?

How many adults (18 and over) participated in this program?

How many teaching artists did this program engage?

Names of Teaching Artists:

VI. Documentation

Submit a copy of all publicity, press coverage/press releases, and visual or audio documentation. Clearly label all documentation; include photographer information so credit may be given if used in a TAF publication or website. *PDF format is preferred.*

VII. Assurance of Compliance

In response to the statement below, check one: YES NO

“The project has changed significantly from the initial proposal.”

If you checked “YES”, please provide a brief explanation regarding project change.



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VIII. Submission

The undersigned certifies:

- (1) that s/he is a principal officer of the recipient organization;*
- (2) the information provided in this report is true and correct; and*
- (3) the expenditures were incurred solely for the purposes of the artist in residence program and in compliance with agreement guidelines, including federal and state statutes prohibiting discrimination against any person on the basis of race, religion, color, national origin, gender, age, or disability.*

Signature

Printed Name

Date



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