**CULTURAL COLLABORATIONS ACCESS GRANT**

**Final Report: Cover & Narrative**

This final report form is also available for download on the ASCA website at <https://education.alaska.gov/aksca/ccp.html>. Please complete this report and return to the Alaska State Council on the Arts by **60** **days following the end of the Access activity funded, or prior to August 31, following the end of the grant fiscal year (July 1- June 30),** whichever is first**.** The report should include a brief description of what students saw, experienced and learned (see narrative questions below) and a completed budget page showing actual expenses and income. Schools or districts failing to submit a completed final report may be excluded from receiving another Cultural Collaborations Access grant for the school years immediately following the year of the grant award.

|  |
| --- |
| School Name: |
| Contact Name:  |
| Contact Phone and Email:  |
| Grant Number:  | Grant Amount Awarded: |
| Project Dates: | Total # Artists Participating: |
| Total # Students (PreK-12): | Total # Adults Participating: |

**Project Narrative Instructions**:

Provide the following information on no more than two pages in no smaller than 11pt. type:

a) Describe your program or project. What were the goals or anticipated outcomes?

b) How did you meet your goals/anticipated outcomes for the project:

c) Was there a change from your original grant request: If so, please explain.

d) To which Alaska State Content Standards do you feel these activities related? To other content areas?

d) Did your final actual income and expenses vary more than 10% from your budget? If yes, please explain.

**Project Documentation Instructions:**

If you have any photographic or other documentation of the activities this grant supported, please attach or include with your report. If you include photographs of your students as they participate in the excursion(s) or any pre or post excursion activities, please let us know if we may share this documentation with our authorizers, partners and constituents as evidence of the impact of this program. Please include labels for each documentary artifact.

**CULTURAL COLLABORATIONS ACCESS GRANT**

**Final Report: Budget**

Please complete this page. Include the original budget found in your application and the actual cash, in-kind and expenses of the project. Please explain any line item that is 10% more or less than the original budget.

Organization Name:

|  |  |  |  |
| --- | --- | --- | --- |
| **Income (list sources—PTA, school funds, contributions, etc.)** | **Original Budget (include cash and in-kind)** | **Actual Cash** | **Actual In-kind\*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *CC Access Grant Award* |  |  |  |
| **Total Project Income** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenses (list categories—artist fee, supplies, etc.)** | **Original Budget (include cash and in-kind)** | **Actual Cash** | **Actual In-kind\*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Project Expenses** |  |  |  |
| **Total Surplus/Deficit** |  |  |  |

\*”In-kind” refers to the estimated dollar value of services or materials contributed to support the application activity, excluding cash contributions. The valuation of donated supplies must not exceed the fair market value of the property at the time of the donation. Volunteer time must be calculated at a "fair market" price, that is, at a minimum wage that a person paid to do the same work would be paid. Any in-kind amount should appear on both the income and expense sides of the budget.

**CULTURAL COLLABORATIONS ACCESS GRANT**

**Final Report: Budget**

Please sign and submit your Cultural Collaborations final report by mail attn: Arts Education Program Director at the Alaska State Council on the Arts, 161 Klevin Street, Suite 102, Anchorage, AK 99508. The report may also be emailed to laura.forbes@alaska.gov. By signing and submitting this report, you are certifying the statements contained within are, to the best of your knowledge, true and accurate. We encourage you to retain a copy of this report for your own records.

Name

Title

Signature Date

**Checklist**

Completed, signed copy of the final report cover, narrative, budget and certification pages.

 One copy of any promotional materials (if available)

 One copy of Program(s) or Catalog(s) (if available)

 Photographs of your program suitable for reproduction, as instructed on the first page of this report.