



REGIONAL ASSETS FUNDING COMMITTEE

County of Erie
140 West Sixth Street
Erie, PA 16501
Phone 814.451.6200

www.eriecountygov.org/rafc

DEDICATED ASSETS: FINAL GRANT REPORT (Section 4)

This report must be certified by the person requesting the grant (see page 4) and returned by May 15, 2009. Failure to do so will jeopardize your organization's eligibility to procure future grants.

Be sure to keep a copy for your records. Return this document to:

The Regional Assets Funding Committee, c/o Carolyn E. Gold, Esquire, Gaming Revenue Manager, Room 503, Erie County Courthouse, 140 West Sixth Street, Erie, PA 16501

(814) 451-6200 email: cgold@eriecountygov.org

Name of organization

Federal EIN

Project Title

Street Address

City/State/Zip

Phone **Fax**

Email **Website**

Local Municipality **County Council District**

Contact name for this project

Position in organization

Grant Amount **Date Awarded**

1. Summary Narrative: (not to exceed two pages)

1. Briefly describe your funding year, including highlights, problems and changes made to your operations.
2. Evaluate successes, shortcomings and unexpected outcomes as a result of the RAFC grant.
3. Describe benefits and impacts to your organization and to the community through the expenditure of RAFC funds.
4. In what ways did the funds help address cultural, social and economic issues in the community?
5. Did long-term partnerships develop? How may they continue to be involved?
6. How was your programming impacted? Include letters, reviews, press clippings, etc.
7. Include posters, flyers, press releases, programs, etc.

2. Financial Report:

Please provide a **statement of income and expenditure** for your organization **as per the form below** (refer to your initial application when completing this report). Receipts are not required to be submitted, but must be retained with your own records, as per section 5 of the Conditions for Payment.

Income *(in-kind goods and services cannot exceed 10% of the required match)*

Income Source	Please specify details (e.g. name of funding source)	Amount
Federal Government		\$
State Government		\$
Local Government		\$
Sponsorship		\$
Other Income <i>(include own contribution)</i>		\$
Earned Income	E.g. box office, ticket/program/food sales, workshop fees, membership	\$
RAFC Grant	** Please provide details in Detailed Expenditure box below	\$
Total Project Income		\$

Expenses

Expense Area	Please refer to details in your application	Amount
Artist/Performer Fees		\$
Production/Program		\$
Administration		\$
Marketing, Promotion & Documentation		\$
Total Project Expenses		\$

Detailed Expenditure of RAFC Grant – These amounts represents how the money from RAFC grant was spent.

Artist/Performer (name)	Amount	Other Costs	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total Artist /Performer Fees	\$	Total Other Costs	\$

In-Kind Support

In-Kind Sources	Please specify details (refer to your application)	Amount
Volunteers	No. of Volunteers _____ Total volunteer hours _____ x \$10 per hour	\$
Local Government		\$
Local Business		\$
Other Community Groups		\$
Total In-Kind Support <i>(in-kind goods and services cannot exceed 10% of the required match)</i>		\$

3. Statistical Report:

ARTISTS/PERFORMERS

How many artists/performers participated with your organization?Paid Unpaid

What was the total number of hours worked by them?PaidUnpaid

TARGET AUDIENCE

Please check the appropriate sector(s) of the community who benefited from the outcomes of your programming.

- Local Community Women Men
- Erie County Residents Out of Town Visitors Local Merchants
- Children Youth Local Performers/Artisans

Of these groups, which group was the main beneficiary of your programming?

PARTICIPATION

Estimated number of **participants** (*those who took an active role in your programming*).....

Describe the nature of their participation (e.g. participants in workshop, artist-in-residence program etc.)

Where did the participants come from? (estimate as a percentage of total participants)

.....% Local (including surrounding municipalities)

.....% Elsewhere (please specify)

ATTENDANCE

Estimated number of **attendees** (*audience/viewers if exhibition/performance component*)

Describe the nature of their attendance (e.g. audience for performance, attendees at Festival):

.....
.....

Where did the attendees come from? (estimate as percentage of total attendees)

.....% Local (including surrounding towns)

.....% Elsewhere (please specify)

4. Groups/Partners Involved in your Programming:

Type of Group	Name of Group	No. of Years in Partnership
Federal Government		
State Government		
Local Government		
Charities		
Private sector (e.g. businesses)		
Cultural (e.g. local gallery)		
Community (e.g. service club)		
Social services (e.g. health, youth)		

Certification

I certify that the above project described above was used for the approved purpose. To the best of my knowledge, the summary narrative, financial and statistical reports are true and fair.

Name: _____ Signature: _____

Position in organization: _____ Date: _____

Keep a copy of this report for your records