



REGIONAL ASSETS FUNDING COMMITTEE

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

www.eriecountygov.org/rafc

COMMUNITY ASSETS: FINAL GRANT REPORT (Section 4)

This report must be certified by the person requesting the grant (see page 4) and returned within 45 days of the conclusion of the project or no later than May 15, 2010. 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
Erie County Courthouse, Room 503
140 West Sixth Street
Erie, PA 16501-1081
(814) 451-6200
cgold@eriecountygov.org

Name of organization

Federal EIN

Project Title

Street Address

City/State/Zip

Phone Fax

Email Website

Local Municipality County Council Representative

Contact name for this project

Position in organization

Grant Amount Date Awarded

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

1. Briefly describe the project, including highlights, problems and changes made to your initial plan.
2. Evaluate successes, shortcomings and unexpected outcomes.
3. Describe benefits and impacts to your organization and to the community.
4. In what ways did the project 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 the project received? 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 project **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 Source	Please specify details (e.g. name of funding source)	Amount
Federal Government		\$
State Government		\$
Local Government		\$
Sponsorship		\$
Other Income (include own contribution)		\$
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		\$

Project Expenses

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

Detailed Expenditure of RAFC Grant – These amounts represents how the money from RAFC will be spent.

Expenses	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total

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 (not to exceed 10% of the required match)		\$

3. Statistical Report:

ARTISTS/PERFORMERS

How many artists/performers were included in this project?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 the project.

- Local Community Erie County Residents
- Out of Town Visitors Children/Youth
- Adults Seniors

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

PARTICIPATION

Estimated number of **participants** (*those who took an active role in this activity*)

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

Where did the participants come from? (estimate as 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 the Project:

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