

LOWCOUNTRY QUARTERLY ARTS GRANT PROGRAM

LQAGP QUARTERLY GRANTS PROGRAM FINAL EVALUATION AND FISCAL REPORT

*This report must be submitted within 30 days of the project's completion
and no later than 30 days after the close of the quarter for which your project received funding.*

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LQAGP Website:
www.charlestonarts.org

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LQAGP Administration:
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APPLICANT INFORMATION

Applicant Name _____

Applicant Address _____

City/State/Zip _____

Person completing this form _____

Title _____

Daytime telephone _____

Project Title _____

Grant # _____

Date submitted _____

Project dates _____

Total Grant Amount Awarded _____

Amount Received to Date _____

Matching Funds _____

Final Request _____

PROJECT EVALUATION AND INFORMATION:

1. How successful was the project and did it meet its intended objectives? On what information do you base this response? Include an example of evaluations and explain how evaluations were distributed.
2. Summarize the funded project activities (use additional sheets if necessary). Specify any changes in the project from the original grant application. For continuing projects or activities, what changes do you plan on implementing that could strengthen or improve the project?

7. Describe publicity or promotional efforts, as applicable to the project, which conducted to inform the public of the project. Include samples of coverage of the actual activity or event. (Attach samples of publicity and promotional materials, for providing funding for your project; limit to a maximum of 5 samples. If audio or video tapes were made as part of the project, please include a copy. If photographs or slides were made, please include copies. Please note where publicity samples give credit to the CITY OF CHARLESTON OFFICE OF CULTURAL AFFAIRS, the CITY OF NORTH CHARLESTON CULTURAL ARTS PROGRAM, the LOWCOUNTRY QUARTERLY ARTS GRANT PROGRAM, the JOHN AND SUSAN BENNETT MEMORIAL ARTS FUND OF THE COASTAL COMMUNITY FOUNDATION OF SC, and the SOUTH CAROLINA ARTS COMMISSION which receives support from the NATIONAL ENDOWMENT FOR THE ARTS, in all printed material.)

8. Describe your efforts to make your programs or activities accessible to minority constituencies, special audiences, senior citizens, rural constituents, or the physically and/or emotionally handicapped.

- | | | |
|------------------|---|--|
| _____ Newspapers | _____ Mailings | _____ Clubs |
| _____ Newsletter | _____ Places of worship (church) | _____ Flyers/Brochures of general distribution |
| _____ Radio/TV | _____ Ethnic/racial involvement with program planning | _____ Other (Please list) |
| _____ Schools | | |

9. **PARTICIPATION:** Choose the categories below which in your estimation describe the predominant characteristics of a significant number (i.e., one fourth or more) of the actual individuals benefiting and actual artists participating. Use actual numbers; do not use percentages. "Special constituencies" includes the physically or emotionally handicapped, institutionalized, older people, or veterans. Enter overall total where indicated; this does not have to equal total of all categories.

Total number of individuals benefiting from project? _____

	American Indian	Asian	Hispanic	Special Constituencies	African-American	White	TOTAL
Male							
Female							
TOTAL							

Total number of artists participating in project? _____

	American Indian	Asian	Hispanic	Special Constituencies	African-American	White	TOTAL
Male							
Female							
TOTAL							

Actual full-time staff _____ Actual part-time staff _____ Volunteers _____

10. NOTIFICATION:

Were the members of the state legislature from your district informed of the LQAGP grant award?
_____yes _____no Attach a sample of notification to legislators.

Were any legislators invited to attend events or functions funded by the grant?
_____yes _____no

Was the LQAGP informed of events or functions funded by the grant?
_____yes _____no

Did a LQAGP staff member, panelist, or board member attend any activities funded by this grant?
_____yes _____no

11. BUDGET SHEET: Please complete and attach budget sheet on the following page.

I/we certify that the foregoing information is true and correct, and that all expenditures were incurred and income received solely for the purposes of the herein described project.

Applicant/Authorizing Official

Typed Name	Title	Signature
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Project Director

Typed Name	Title	Signature
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FINAL PROJECT BUDGET

EXPENSES (Itemize where possible. Please provide explanations where necessary.) Applicant cash, in-kind contributions and grants must total or exceed LQAGP grant request.						
	A. LQAGP Request	+	B. Applicant Cash Match	=	C. Total Cash Expenses	
1. *Professional fees (itemize)						
2. * Administration						
3. *Technical/Production						
4. Space/Rental						
5. Equipment/Supplies						
6. Promotions/Marketing						
7. Travel						
8. Other (itemize)						
Total Expenses						
<i>*Individual Artists - Up to one half of the cash match may be accounted for by the cash value of applicant artist's creative time or technical/production time. An explanation of how the value of this time has been calculated must be attached.</i>						
INCOME						
1. Applicant Cash						
2. Admissions						
3. In-Kind Contributions						
4. Private support						
Corporate						
Donations						
Other						
5. Government support						
City						
County						
Other						
6. Other Revenue						
7. LQAGP Grant Request						
Total Income						