

Use this form to report final expenditures for Folk Art Apprenticeships

#### **INSTRUCTIONS**

The forms in this packet are for use by individuals. Use FINAL REPORT FORM A if you are reporting expenditures for an organization or a school or for project grants, program development grants, general operating support grants, presenting grants or arts in education grants.

Please review the enclosed Grantee Information sheet. This sheet lists the most recent information that we have regarding this grant. Please note any changes or additional information and return this form with your final report. This form also contains information that you may wish to reference while completing your final report.

Print or type the requested information.

#### REMINDERS

Final reports are due thirty (30) days following the completion of the funded project or activity and no later than September 30. If for any reason you may be filing your report after September 30, you must make advance arrangements with your program manager by September 1. Otherwise, funds may not be available if your final report is received after September 30.

We cannot process additional grants for you if you fail to file a final report and you will be ineligible for future grants until a final report is received.

Final Report Processing Alabama State Council on the Arts 201 Monroe Street, Suite 110 Montgomery, AL 36130-1800

# ALABAMA STATE COUNCIL ON THE ARTS STAFF DIRECTORY

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Web Site: www.arts.alabama.gov

#### **Program Managers**

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#### Community Arts, Design Arts & Literature

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#### **Folk Arts**

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#### **Performing Arts**

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#### **Grants Office**

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#### **Administrative**

Al Head, Executive Director, ext. 245 al.head@arts.alabama.gov

Barbara Edwards, Deputy Director, ext. 227 barbara.edwards@arts.alabama.gov

1.	Name:						
2.	Social Security Number:						
3.	Grant Award Number:						
4.	Program Identification Number:						
5.	. Grantee Race/Ethnicity: We have been asked to collect the following information and report the data to the National Endowment for the Arts as a part of our final report of federal fund expenditures. The information is for statistical purposes. If you have any questions or wish additional information, please call your program manager.						
Which of the following most closely identifies your race/ethnicity:							
	(N) American Indian/Alaskan Native (A) Asian/Pacific Islander (B) Black, not Hispanic (H) Hispanic (W) White, not Hispanic (M) Multi-Racial (combination of those above if no single race applies)						
	6. Name of Teacher:						
	7. Names of Students:						
	8. What art form was taught?						
	9. In what community did this activity take place?						
	10. Was this a successful learning/teaching experience?						

application.								
12. Attach any newspaper articles or other information about your apprenticeship.								
13. Request for payment								
N	Name:							
S	Social Security Number:							
To	Total Grant Award: \$							
To	Total Grant Expenditures: \$							
Α	Amount Received to date: \$							
В	Balance Requested: \$							
14. <b>Certification:</b> I certify that the foregoing information is true and correct and that expenditures were incurred solely for the purpose of the above referenced grant.								
Print Name	Signat	rure		Date				
	Date Final Report Received  Program Manager Review  Approved for Payment							
	-							

Please complete the duplicate form (with signatures) immediately following.

Copy 1 (ASCA Grant Files) Copy 2 (State Comptrollers' Office for Payment Processing)

Copy 2 (State Comptrollers' Office for Payment Processing)

application.									
12. Attach any newspaper articles or other information about your apprenticeship.									
13. Request for payment									
N	Name:								
S	Social Security Number:								
To	Total Grant Award: \$								
Total Grant Expenditures: \$									
A	Amount Received to date: \$								
В	Balance Requested: \$								
14. <b>Certification:</b> I certify that the foregoing information is true and correct and that expenditures were incurred solely for the purpose of the above referenced grant.									
Print Name	Signat	ure		Date					
	Date Final Report Reco	riew							

Please complete the duplicate form (with signatures) immediately following.

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