

# VSA arts of KENTUCKY

21st Floor, Capital Plaza Tower  
Frankfort, KY 40601  
Phone/TTY(502) 564-3775 ext. 42106

## SPECIAL PROJECT FINAL REPORT FORM

### **Postmark Deadline: Within 10 days of completion of project**

Send two (2) copies of this completed copy of this report to the Frankfort office and include photos, tapes, articles, etc with your report. REMAINING FUNDS WILL NOT BE DISBURSED UNTIL THIS FINAL REPORT IS COMPLETED IN ITS ENTIRETY.

### **A. SITE INFORMATION**

(Please type all responses)

1. Site Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Site Coordinator: \_\_\_\_\_ Home Phone: \_\_\_\_\_
5. Site's Congressional District number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### **B. AWARD PROFILE**

1. Provide a one sentence description of your activity (include title): \_\_\_\_\_  
\_\_\_\_\_
2. Date(s) of the activity: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_
3. List the counties, cities, towns and schools where activities took place: \_\_\_\_\_  
\_\_\_\_\_
4. VSAK Award Amount Received: \_\_\_\_\_
5. Amount of Cash Match by Award Recipient: \_\_\_\_\_  
List key funding agencies: \_\_\_\_\_
6. Amount of In-Kind by Award Recipient: \_\_\_\_\_
7. Total Budget for Activity: (add lines 4, 5, and 6) \_\_\_\_\_

## C. ACTIVITY STATISTICS

Name of Project:

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Circle: Program Area

Artist-in-Residence  
Student Performance  
Workshops/Demonstrations  
Exhibition  
Other \_\_\_\_\_

Circle: Discipline

Visual Arts  
Music  
Dance  
Dramatic Arts  
Media Arts  
Multi-Arts

### Service Recipients/Participants

I. Number of direct service participants: \_\_\_\_\_ Children/Youth \_\_\_\_\_ Adults  
\_\_\_\_\_ % **OR** \_\_\_\_\_ # of direct service participants with disabilities.

Contact hours per direct service recipient: \_\_\_\_\_

Target age group(s) of participants/direct service:

\_\_\_\_ 0-3 years \_\_\_\_ Pre-school \_\_\_\_ Kindergarten \_\_\_\_ Grades 1-6 \_\_\_\_ Grades 7-8 \_\_\_\_ Grades  
9-12

Estimated number of sessions (e.g. two times/per week): \_\_\_\_\_

Estimated length of each session (e.g. 1/5 hour/session): \_\_\_\_\_

II. Number of audience, not duplicating the above \_\_\_\_\_

Please describe audience, when necessary \_\_\_\_\_

\_\_\_\_\_ % **OR** \_\_\_\_\_ # of audience with disabilities

### Service Providers

I. # of service providers \_\_\_\_\_ Artists \_\_\_\_\_ Educators  
\_\_\_\_\_ Volunteers \_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_ % of service providers with disabilities **OR**  
\_\_\_\_\_ # of direct service providers with disabilities

### Other (Use a separate sheet of paper to answer the following questions)

- I. Project Description: Provide a one page description on how this project was conducted, specific arts activities included and why this initiative meets your inclusionary, artistic, and educational goals.
- II. Describe on a separate page any outreach efforts and promotional/advertising methods used to inform your community and/or region. Did you advertise program accessibility and public performance, exhibit, etc to persons with disabilities? Include samples of articles, promotional materials and advertising.

- III.** 1. Who was responsible for evaluating this project?
2. What were the evaluation tools and how specifically did you evaluate the success of this project? Please include a sample of your evaluation(s) and a compilation of your data.

- IV.** Documentation: Please enclose photographs, videos, CDs, etc. of your project. If you used digital photography, please email your electronic file to each of the following email addresses: [moneal@kde.state.ky.us](mailto:moneal@kde.state.ky.us) [vsaky@bellsouth.net](mailto:vsaky@bellsouth.net)

<b>D. FINAL BUDGET REPORT</b>
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**(Please type. Check and Double-Check your Math)**

Item	VSAK Funds	Cash (Other)	In-Kind	Total
Artist Fees*				
Marketing/Promotion				
Art Supplies/Materials (please attach supplies and/or materials list)				
Documentation				
Facility Usage				
Travel**				
Volunteers	XXXXXXXXXX	XXXXXXXXXX		
Staff	XXXXXXXXXX			
Telephone				
Other: Please specify				
<b>TOTALS</b>				

\* Please list artist(s) and fees that each will be paid.

Name: \_\_\_\_\_ Contact hour(s) per artist \_\_\_\_\_ @\$ \_\_\_\_\_ per hour. Total fee: \$ \_\_\_\_\_  
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 Name: \_\_\_\_\_ Contact hour(s) per artist \_\_\_\_\_ @\$ \_\_\_\_\_ per hour. Total fee: \$ \_\_\_\_\_

\* Funds cannot be used to pay for performances, assemblies or equipment. Artist contact with participants must be in an experiential manner.

\*\*Travel: .32 per mile can be paid to artists traveling beyond a 30 mile communter distance to your site. A total per diem of \$50.00 is allowed for artist who will have to stay overnight because of a very far distance.

