

New Hampshire State Council on the Arts  
Final Report Budget Form  
Public Value Partnerships  
Updated 1/27/23

Requests are for unrestricted operational funds and may be made for up to \$15,000 each year for a two-year period.

The request for the first year of the grant period must not exceed 10% of income in the organization's last fiscal year prior to this application.

**NO MATCH REQUIRED FOR FY2024 & 2025** [Applicants must be able to project a cash match, excluding federal and state funds, of at least \$10 for each \$1 requested from this grant program.]

Future Year total cash income must equal future year total cash expenses.

**APPLICANT NAME (Please use the name you used on the application):**

**DATES OF FISCAL YEAR:**

INCOME - List all funding sources, both secured and anticipated. Please mark all secured items in this column with an asterisk *.	Past Year	Current Year	Comments
	Cash	Cash	
Admissions (e.g., ticket sales)			
Contracted services (Specify below. If you have no contracted services income, please put zeros in the blue cells.)			
Concessions, sales, rentals			
Fees and/or tuition			
Memberships			
Corporate contributions (Identify below. If you have no corporate cash or in-kind, please put zeros in the blue cells.)			
Private foundations (Identify below. If you have no private foundation cash or in-kind, please put zeros in the blue cells.)			
Other private support (Includes fundraisers)			
Federal Government (Specify below. If you have no Federal support, please put zeros in the blue cells.)			
Non-NHSCA State Government (Specify below. If you have no Non-NHSCA State support, please put zeros in the blue cells.)			
Local Government (Specify below. If you have no local government support, please put zeros in the blue cells.)			
Applicant cash (Click for definitions)			
In-kind contributions (Click for definition and specify below. If you have no in-kind contributions, please put zeros in the blue cells.)			
Subtotal Income from above			
NHSCA Grant Support			
<b>TOTAL CASH INCOME   Please use this number on the Final Report Form Cash Income question.</b>			

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EXPENSES	Past Year	Current Year	Comments: please identify and explain any change of 25% or more from the previous year.
	Cash	Cash	
Administrative staff			
Artistic staff			
Technical staff			
Outside artistic fees and services			
Outside non-artistic fees and services (Specify below. If you have no non-artistic outside fees/services, please put zeros in the blue cells.)			
Advertising			
Printing			
Mailing/postage			
Web presence			
Space rental			
Travel			
Accessibility expenses (Specify below. If you have no accessibility expenses, please put zeros in the blue cells.)			
Supplies, materials and miscellaneous expenses			
Other (Identify below. If you have no additional expenses, please put zeros in the blue cells.)			
<b>TOTAL EXPENSES</b>			