



New Hampshire
State Council on the Arts

INTERIM REPORT FORM PUBLIC VALUE PARTNERSHIP GRANT

GRANT #

FY: (Located on the top right hand corner of your grant agreement)

Send completed form to:

New Hampshire State Council on the Arts

19 Pillsbury Street, 1st Floor, Concord, NH 03301

Phone: 271-2789

DUE DATE: FY14/FY15 – July 31st, 2014 FY16/17 – July 31st, 2016

***IMPORTANT:** Extensions may be requested for up to 90 days. Requests must be submitted in writing before the due date of the final report. Failure to submit this report by the original or extended due date will make your organization **ineligible to apply** for any type of State Arts Council grant for **two years** from the due date of report.

A. GRANTEE INFORMATION:

Name of Organization:

Address:

City, State, Zip:

Contact Person & Title:

Daytime Telephone:

Email:

URL:

DUNS Number (required for all applicants and must be consistent with applicant name):

<http://www.dnb.com/get-a-duns-number.html>

Contact Person Address (if different from Applicant Address):

City, State, Zip:

B. BENEFICIARIES: Enter actual total numbers as requested into the boxes in right column.

1. Indicate the number of: Adults engaged in the Arts through <u>Live Arts Experiences</u>	
2. (Art) Indicate number of artists directly involved:	
3. (Nhart) Indicate number of professional New Hampshire artists participating:	
4. (Com) Indicate number of communities benefiting from this project:	
5. Indicate the number of: Children/Youth (under 18) engaged in the Arts through <u>Live Arts Experiences</u>	
6. (%) -Indicate what percentage of the project activities are directed toward arts education: (01) more than 50% (02) less than 50% (99) no arts education	
7. (Tea) Indicate the number of teachers directly involved:	
8. (Adm) Indicate the number of school staff involved:	

For each category, select all groups that make up 25% or more of the population that will directly benefit, excluding broadcasts or online programming. (Glossary link)

Category 1	Category 2	Category 3
N-American Indian/Alaska Native	D-Individuals with Disabilities	1-Children/Youth (0-18 years)
A-Asian	I-Individuals in Institutions	2-Young Adults (19-24 years)
B-Black/African American	P-Individuals with Low Income	3-Adults (25-64 years)
H-Hispanic/Latino	E-Individuals with Limited English Proficiency	4-Older Adults (65+ years)
P-Native Hawaiian/Other Pacific Islander	M-Military Veterans/Active Duty Personnel	
W- White	Y- Youth at Risk	
G- No group make up more than 25% of the population that will benefit	G- No group makes up more that 25% of the population that will benefit	9 No group makes up more than 25% of the population that will benefit

NAME OF ORGANIZATION:
GRANT #:

C. FINANCIAL SUMMARY

From *Section F. Actual Financial Statement Part 1 & 2*, complete the following:

NHSCA Grant Amount	\$	Total Cash Expense	\$
Total Cash Income	\$	Total Value of In-Kind	\$

D. WRITTEN EVALUATION

On separate sheets, answer the following questions in the order they appear. Attach no more than 5 typed pages and please number your responses.

1. Briefly, describe and evaluate the funded project in terms of the original application submitted.
 - How well did the project meet the goals and objectives as proposed?
 - If the project's goals were not met at all, explain why and whether the project met equally valuable, but different, goals or what your organization learned from the failure of the project.
2. If there are differences between the application or revised budget and the actual income and expenses that the project generated, explain the reason for the differences.
3. Detail how far the benefits of this project reached, i.e., local, statewide, beyond the state? If the reach was less than statewide, list the specific communities that this project benefited. If programming occurred at more than one location, on a separate sheet, list each location include street address, city, state, & zip code. Alternatively, you may list the longitude and latitude coordinates of each location.
4. If this project involved working in partnership with other organizations, please list your partners and evaluate the pros and cons of the partnership.
5. How did you credit the New Hampshire State Council on the Arts and the National Endowment for the Arts (where appropriate) for the funded activity/project? Please include a sample of the credit as it appeared or a link in your narrative.
6. How did you inform elected officials about this project? Provide documentation that you thanked the Governor, your Executive Councilor, and your district's members of the New Hampshire Legislature for their support of public funding for the State Arts Council, which made this grant possible. How did you encourage these elected individuals to attend or learn more about this project?
 - On one page or less, provide an anecdote and a statistical statement that persuasively demonstrate how effectively this funded project delivered public benefits to the citizens of New Hampshire.

E. DOCUMENTATION

1. Provide 5 to 10 images in the form of photographic prints, or digital images that show the range of activities funded. Digital images may be submitted on compact disc (CD) and should be a minimum of 5" x 7" at 300 dpi. Digital images should be saved as JPG or IBM formatted TIF files.

The State Arts Council may use images for promotional purposes. Therefore, provide a list that identifies the content of each photo, the names of people pictured, and the photographer's name or source you wish credited and an identification of what the image portrays. Your submission of images will be interpreted as permission for the State Arts Council to publish the image/s for promotional/educational purposes.

2. Attach a selection of reviews and other publications about your project/organization's activities during the grant period.

NAME OF ORGANIZATION:

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3. To assist the State Arts Council in gaining a broader understanding of the arts community in New Hampshire, please answer the questions below about your organization's affiliations and interests:

Is your organization a member of any of the following?

NH Creative Communities Network <input type="checkbox"/> Yes <input type="checkbox"/> No	NH Arts Learning Network <input type="checkbox"/> Yes <input type="checkbox"/> No
NH Citizens for the Arts <input type="checkbox"/> Yes <input type="checkbox"/> No	NH Center for Nonprofits <input type="checkbox"/> Yes <input type="checkbox"/> No
Americans for the Arts <input type="checkbox"/> Yes <input type="checkbox"/> No	Grantmakers in the Arts <input type="checkbox"/> Yes <input type="checkbox"/> No

Is your organization aware of the following resources?

NH Business Committee for the Arts <input type="checkbox"/> Yes <input type="checkbox"/> No	New England Foundation for the Arts <input type="checkbox"/> Yes <input type="checkbox"/> No
NH Humanities Council <input type="checkbox"/> Yes <input type="checkbox"/> No	NH Charitable Foundation <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that all the facts in this report and its attachments are true, and that the monies were spent as stipulated in the contract signed with the New Hampshire State Council on the Arts.

Authorized Signature _____ Date _____
Name (Please type or print) _____ Title _____