



# FORSYTH COUNTY ARTS ALLIANCE

## Grant Award Reporting Form

**Note: Failure to Complete this form on time could result in jeopardizing future grant opportunities.**

Please complete this form **within 30 days of project or event completion** along with the requested Narrative and Financial reports, and return to:

**FCAA Executive Director, Ahna Phillips: [info@forsythartsalliance.com](mailto:info@forsythartsalliance.com)**

**For ongoing programming**, this report is due by December 31 of the year in which funding is received, or at the same time an application for continued funding is submitted, whichever date is first.

Dates Covered by this Grant Award: From \_\_\_\_\_ through \_\_\_\_\_

Name of organization reporting: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Mailing Address, City/State/ZIP: \_\_\_\_\_

\_\_\_\_\_

Phone and Fax Numbers: \_\_\_\_\_

Email Address and Website: \_\_\_\_\_

Title of Program, Project or Event:

\_\_\_\_\_

Were all awarded grant funds spent during the project period

Yes  No (explain)

Have there been any changes to your organization's IRS 501(c)(3) not-for-profit status (or governmental equivalent) since you were awarded this grant?

No  Yes (explain)

## **Narrative Report**

Please attach a response to the following questions, limiting your response to two typewritten pages (single-spaced, no smaller than 11-point font) or fewer.

### **A. Results and Outcomes:**

1. Describe the progress made toward the stated goals and objectives related to this specific grant.
2. What difference did these grant funds make in Forsyth County, Georgia? Please explain evidence of effect (e.g., number of tickets sold/ attendees, numbers served, demographic information, client satisfaction survey results, pre- and post-test results, etc.).
3. Were there any unanticipated results, either positive or negative, not already described above? If yes, describe.

### **B. Lessons Learned and Future Plans:**

1. Describe what you learned, based on the results and outcomes you reported above. What, if any, programmatic or organizational changes will you make based on your results and outcomes?
2. Did external or environmental factors affect the achievement of your project, event, or program goals or timeline? If yes, what will you do to address these issues in the future?
3. If you will be continuing this program, or again offering the project/event, what are the plans for sustaining or expanding the program, including a future funding plan? If discontinuing the program, what factors led to this decision?

### **C. Other comments:**

1. Please share with us anything else you want to tell us about your programming, project, or event.
2. Please share any recommendations you have for our grant making or reporting process.
3. Include any promotional items or examples of materials that were utilized to recognize/publicize FCAA funding, including screenshots of online recognition, promotions, or media.

## **Financial Report**

Provide income and expenditure information for the specific programming, project, or event for which the grant award was made. Compare actual figures to the originally submitted budget, and explain any major variances.

I hereby certify that the above and attached statements are true and accurate.

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Printed Name and Title – Project Director, Executive Director or Board Chairman

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Signature of Above Named Person (electronic signature acceptable)

Date