

**FINAL EVALUATION REPORT**  
NEVADA ARTS COUNCIL - *Folklife Program*

Project Name \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

MasterArtist/Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Project Coordinator \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Folklife Apprenticeship Grantees** - must fill out 1-4 and financial report on page 3 and return **in order to receive 2<sup>nd</sup> grant payment**

**Folklife Opportunity Grantees** - must fill out 1-3 and 5-8 (NOT number 4) and financial report on page 3 and return **within 30 days of completion of project**

1. Check the art discipline(s) that were included in your project (you may check more than one):

<input type="checkbox"/> Craft	<input type="checkbox"/> Language	<input type="checkbox"/> Music	<input type="checkbox"/> Theater/Drama
<input type="checkbox"/> Dance	<input type="checkbox"/> Storytelling	<input type="checkbox"/> Foodways	<input type="checkbox"/> Other _____

2. Race/Ethnicity of Applicant \_\_\_\_\_ Race/Ethnicity of Project \_\_\_\_\_

3. Answer the following two questions **on a separate page** (limit to one page) and submit with this Final Evaluation Report

a) Was the project successful? Please explain how, and include any challenges you may have encountered.

b) Please share a story that describes the value of your program or project.

**FOR FOLKLIFE APPRENTICESHIPS ONLY (complete # 4):**

4. Answer the following:

a) Did you participate in any programs (school, exhibits, meetings, festivals, or other events) in which you demonstrated or performed?

\_\_\_\_\_

b) If so, how many people attended (list children and adults separately).

\_\_\_\_\_

**FOR FOLKLIFE OPPORTUNITY GRANTEES -- COMPLETE QUESTIONS 5-8.**

5. How many of each of the following actually participated in the funded project?

\_\_\_\_\_ Artists    \_\_\_\_\_ Contractors    \_\_\_\_\_ Volunteers

\_\_\_\_\_ Full-time Personnel    \_\_\_\_\_ Part-time Personnel

6. Check the activity type that best describes your traditional arts project:

Cultural Event/Gathering     Exhibition     Conference     Workshop

Fair/Festival     Performance     Other\_\_\_\_\_

7. Please provide the information and statistics gathered from the funded project for the following:

a) Identify the community(s) participating, list any special audiences such as minorities, disabled, etc.

\_\_\_\_\_

b) List the site(s), venues, locations where the grant activity took place.

\_\_\_\_\_

c) List the total number of adults benefiting from the grant activity.

\_\_\_\_\_

d) List the total number of children/youth benefiting from the grant activity.

\_\_\_\_\_

8. Answer the following two questions **on a separate page** (limit to one page) and submit with this Final Evaluation Report:

a) Were there any significant program or operational/administrative changes since the application was submitted? If so, what were they?

b) What procedures did you use to evaluate the project? Did the participants evaluate the program? If so, how?

**FINAL FINANCIAL REPORT**  
**ALL GRANTEES MUST FILL OUT THE FINANCIAL REPORT**

This report is for **actual** costs and revenues, **compared to** the **projected** budget in your original application. **Changes in NAC award categories must have prior approval.**

**CLOSING BUDGET**

Refer to your original grant application and cash request form to keep allocation of funds consistent.

For questions, please call Jeanne Harrah Johnson at 775.687.6680, or Rebecca Snetselaar at 702.486.3700.

<b>EXPENSES CATEGORIES:</b>	<b>ACTUAL EXPENSES</b>	<b>NAC AWARD</b>
1. Personnel/Administrative	[Yellow Box]	[Yellow Box]
2. Personnel/Artistic	[Yellow Box]	[Yellow Box]
3. Personnel/Technical	[Yellow Box]	[Yellow Box]
4. Artist Fees/Master Artist Fees	[Yellow Box]	[Yellow Box]
5. Other Fees	[Yellow Box]	[Yellow Box]
6. Space Rental	[Yellow Box]	[Yellow Box]
7. Travel	[Yellow Box]	[Yellow Box]
8. Marketing	[Yellow Box]	[Yellow Box]
9. Supplies	[Yellow Box]	[Yellow Box]
TOTAL	[Yellow Box]	[Yellow Box]

REVENUES CATEGORIES:	ACTUAL EXPENSES	NAC AWARD
1. Admissions	[REDACTED]	[REDACTED]
2. Applicant Cash	[REDACTED]	[REDACTED]
3. Corporate Support	[REDACTED]	[REDACTED]
4. Foundation Support	[REDACTED]	[REDACTED]
5. Other Private	[REDACTED]	[REDACTED]
6. Gov. Support/Federal	[REDACTED]	[REDACTED]
7. Gov. Support/State	[REDACTED]	[REDACTED]
8. Gov. Support/Local	[REDACTED]	[REDACTED]
9. Other	[REDACTED]	[REDACTED]
SUBTOTALS	[REDACTED]	[REDACTED]
NAC GRANT AWARD	[REDACTED]	[REDACTED]
GRAND TOTALS	[REDACTED]	[REDACTED]

I certify that to the best of my knowledge that this report is correct and complete and that all income and expenses are for purposes set forth in the grant award documents.

**Authorizing Official** (Master Artist or Project Coordinator) \_\_\_\_\_

Title (if applicable) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_