

SUSTAINING NEVADA'S ARTS PROGRAMS (SNAP) QUARTERLY REPORT – FY2010

Deadlines: 1st quarter – October 1, 2009 ♦ 2nd quarter – January 4, 2010
3rd quarter – April 1, 2010 ♦ 4th quarter – July 1, 2010

Submit completed report via email to Acosens@NevadaCulture.org, and one signed hard copy to Ann Cosens, SNAP Manager, Nevada Arts Council, 716 N. Carson St. Suite A, Carson City, NV 89701

GRANTEE INFORMATION

Organization Name _____ DUNS # _____

Mailing Address _____

Contact Person/Title _____ Telephone _____

Contact Email _____ Total SNAP Grant Amount \$ _____

SUMMARY INFORMATION

Reporting for: 1st quarter (July 1-September 30, 2009) 2nd quarter (October 1 – December 31, 2009)
 3rd quarter (January 1 – March 31, 2010) 4th quarter (April 1 – June 30, 2010)

Title of Position Funded _____ Name of employee/contractor _____

This is a salaried position considered Full-time Part-time Annual salary of position \$ _____

OR

This is a contracted position. Total estimated hours of contract are _____. Total contract amount \$ _____

For this quarter:

Total # hours worked _____ Hours worked paid by this grant _____ Amount of Grant expended \$ _____

Were all grant funds used for salary/fees? Yes No If no, how were funds spent? _____

Was position filled the entire 3 months? Yes No If no, give start date: _____ or end date: _____

NARRATIVE

Briefly describe employee/contractor's duties during this quarter. Specifically name activities the organization was able to continue or undertake because this position was reinstated, retained, or fully restored.

CERTIFICATION of Authorized Official

The undersigned certifies that the information contained in this report is true and correct to the best of his or her knowledge and that all expenditures were incurred solely for the purpose of this grant.

Name _____ Title _____

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