

TOURING FINAL REPORT CHECKLIST

MATERIALS REQUIRED IN ORDER FOR YOUR FINAL REPORT
TO BE CONSIDERED COMPLETE:

Completed Final Report Form (Signed and notarized)

For each school served, the following is required to complete the final report form:

Part IV- Individual School Evaluation form

Photocopies or receipt of payment

FINAL REPORT DUE: July 30, 2011

PART I Touring Program Final Report Cover Sheet

DO NOT WRITE IN THIS SPACE

Date received: _____

Application #: _____

PRN: _____

MUST BE TYPEWRITTEN

Applicant Legal Name: (Artist/Organization) _____

Address: _____

Street

City

State

County

Zip Code

Contact Person: _____ FEIN or SS# _____

Telephone (daytime) _____ Telephone (non-bus. hours) _____

E-mail address _____ Website _____

Final Report Budget Summary:

Total Grant Amount Awarded \$ _____

Total Grant Amount Spent \$ _____

Total Applicant Matching Cash Funds + \$ _____

Total Project Expenses (*should=LINE A on Budget Summary*) = \$ _____

Certification:

I certify that I have reviewed the grant receipts and expenditures submitted within this final report and, to the best of my knowledge and belief, said report represents all financial activities related to the receipt, use and expenditure of funds granted by the WV Commission on the Arts/WV Division of Culture and History, and that the expenditures reported were for the purposes intended and in compliance with applicable laws, regulations and the terms and conditions of the grant documents. The report of grant receipts and expenditures is presented on the ACCRUAL/CASH [circle one - required by WV State Code] basis of accounting and is supported by our financial records and related documentation.

Name: _____ Title: _____

Signature: _____ Date: _____

STATE OF WEST VIRGINIA

COUNTY OF _____

I, _____, a notary public in and for the said state, do hereby certify that _____, whose name is signed to the writing above, has this day acknowledged the same before me.

Given under my hand this _____ day of _____, 20____

My commission expires _____

Notary Public

PART II

Touring Final Report

Project & Budget Summary

DO NOT WRITE IN THIS SPACE

Date received: _____

Application #: _____

PRN: _____

MUST BE TYPEWRITTEN

# of Counties served: _____	% of Distressed Counties served: _____
Actual # individuals benefiting _____	Actual # Artists participating _____
Actual # youth benefiting _____	Grade level: _____
% of non-white/culturally diverse audience served _____	
% of audience with disabilities served _____	
Open to the Public? ___ YES ___ NO	Cost of tickets: Adults \$ _____ Students \$ _____

EXPENSES

ACTUAL CASH EXPENSES

Contract Artist/Professional Fees

\$ _____

ARTIST/PROFESSIONAL TRAVEL COSTS:
(Lodging/Food/Mileage/Airfare)

\$ _____

PROJECT SUPPLIES/MATERIALS

\$ _____

OTHER

\$ _____

TOTAL PROJECT EXPENSES

LINE A \$ _____

INCOME

SOURCE

ACTUAL CASH INCOME

Admissions/Registrations/Tuition _____

\$ _____

Foundations/Business/Other _____

\$ _____

Parent Teacher Organization (PTO) _____

\$ _____

Federal/State/Regional Govt. _____

\$ _____

Applicant Cash _____

\$ _____

TOTAL APPLICANT MATCHING FUNDS

LINE B \$ _____

GRANT AMOUNT AWARDED \$ _____

GRANT AMOUNT SPENT

LINE C \$ _____

TOTAL PROJECT INCOME **LINE D**

\$ _____

LINE D MUST BE EQUAL TO OR GREATER THAN LINE A

PRN	Name of School	Distressed?	County	Artist Fee (incl. travel)	\$ School Match	% School Match	Contract submitted	Payment copy attached*
x	EXAMPLE: <i>Appalview Middle School</i>	x	<i>Mingo</i>	<i>\$450.00</i>	<i>\$112.50</i>	<i>25%</i>	<i>yes</i>	<i>yes</i>
1				\$	\$			
2				\$	\$			
3				\$	\$			
4				\$	\$			
5				\$	\$			
6				\$	\$			
7				\$	\$			
8				\$	\$			
9				\$	\$			
10				\$	\$			
11				\$	\$			
12				\$	\$			
13				\$	\$			
14				\$	\$			
15				\$	\$			
16				\$	\$			
17				\$	\$			
18				\$	\$			
19				\$	\$			
20				\$	\$			

21			\$	\$		
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29			\$	\$		
30			\$	\$		
31			\$	\$		
32			\$	\$		
33			\$	\$		
34			\$	\$		
35			\$	\$		
36			\$	\$		
37			\$	\$		
38			\$	\$		
39			\$	\$		
40			\$	\$		
TOTALS:			\$	\$		

Should = Total Project Expenses ←

→ Should = Total Income

***NOTE: Any funds that have been distributed for which there is no copy of payment or receipt will be rescinded.**

PART III

Touring Final Report

Project Evaluation

DO NOT WRITE IN THIS SPACE

Date received: _____

Application #: _____

PRN: _____

As the Touring Program evolves, the WV Division of Culture and History (WVDCH) needs to understand how to best facilitate mutually beneficial relationships among schools, artists, organizations, and the Division. Please complete the following questions thoroughly and use specific examples when possible.

Copy/paste or retype questions with numbering; 12 pt font; 1" margins

1. Describe the major challenges and successes of the *project as a whole*.
 - 1.A. What action was taken to address these challenges during the project?
 - 1.B. How does the artist/organization plan to address these challenges in future?
 - 1.C. What contributed to the successes?
2. Describe the major challenges and successes of the *planning and booking* process of your tour?
 - 2.A. What action was taken to address these challenges during the project?
 - 2.B. How does the artist/organization plan to address these challenges in future?
 - 2.C. What contributed to the successes?
3. Describe the major challenges and successes of the *education experiences*. (Direct contact with the students, curriculum connections, etc.)
 - 3.A. What action was taken to address these challenges during the project?
 - 3.B. How does the artist/organization plan to address these challenges in future?
 - 3.C. What contributed to the successes?
4. Describe the major challenges and successes with *working with the WVDCH and the WVCA*. (Paperwork, communication, payments, processing, etc.)
 - 4.A. What actions were taken to address these challenges during the project?
 - 4.B. How does the artist/organization plan to address these challenges in future?
 - 4.C. How can the WVDCH plan to address these challenges in the future?
 - 4.D. What contributed to the successes?
5. Is this the organization's first touring experience? *If YES skip to question 6.*
 - 5.A. How did this project compare to the artist/organization's previous touring experiences?
6. Is this the artist/organization's first project with the WVDCH? *If YES skip to question 7.*
 - 6.A. How did this project compare to other WVDCH projects completed by the artist/organization?
7. Additional considerations or comments:

PART IV

Touring Final Report Individual School Evaluation

FOR OFFICIAL USE ONLY

ARC? ___Y ___N

Payment copy? ___Y ___N

PRN ___ of ___

*** TO BE COMPLETED BY SCHOOL ***

Submit one evaluation for each school. May be handwritten if legible.

School Name: _____ County: _____

Actual # individuals benefiting _____ Actual # Artists participating _____

Actual # youth benefiting _____ Grade levels: _____

% of non-white/culturally diverse audience served _____

% of audience with disabilities served _____

Open to the Public? YES ___ NO ___ Cost of tickets: Adults \$ _____ Students \$ _____

Please answer each of the following questions in the space provided.

1. Title of Artists' presentation: _____

2. Location (e.g. school gym/auditorium): _____ Date: _____

3. Amount of applicant cash match: \$ _____ Source of match: _____
(Attach photocopy of check or receipt) (Example: school fund, PTO, admission)

4. How many times has this artist visited your school? ___ 1 ___ 2 ___ 3 ___ 3+

5. Was the presentation age appropriate? YES ___ NO ___

6. Did the artist fulfill his/her responsibilities in a professional manner? YES ___ NO ___

7. The quality of the artist's work was: Excellent ___ Good ___ Fair ___ Poor ___

8. Student/audience interest in the project was: Excellent ___ Good ___ Fair ___ Poor ___

9. The artist's rapport with students/audience was: Excellent ___ Good ___ Fair ___ Poor ___

10. Connected to the curriculum: YES ___ NO ___

11. Will your school sponsor similar projects in the future? Did it help build capacity for learning?

Check all that apply:

- Future performance from same artist
- Future performance from different artist
- Incorporate short term artist residencies (1-4 weeks)
- Incorporate long term artist residencies (4 or more weeks)

12. Describe the strongest component of this project.

13. Describe the weakest component of this project.

Additional comments: If needed add one additional page for comments.

Completed by: _____
Print & Sign Name / Title *Date*

**In order to fulfill the stipulations of your contract, please
return this evaluation form directly to the artist!**