

Iowa Department of Cultural Affairs

Iowa Community Cultural Grant Final Report

Applicant: _____
Grant Number: FY _____
Project Title: _____
Amount Funded: _____
Report Due Date: _____

Return all pages of this form and attachments to:

**Linda Lee/ICCG Administrator
Iowa Department of Cultural Affairs
600 E Locust, Des Moines, IA 50319-0290**

Grant Contact Person: _____

Daytime Phone: _____

Email Address: _____

Describe the following and attach to this form: Submit no more than one page for each section

1. Final Project Description:

Briefly describe the funded project and explain differences, if any, between what was originally planned and what took place. Include the number of persons involved in implementing the project. Include the number of people served by the project. Describe any partnerships or collaborations with individuals or other organizations that were planned or developed as a result of this grant.

2. Project Impact:

Describe the historical, ethnic, cultural and tourism impact of the project on the community or region served.

3. Employment Report: REQUIRED. Your Final Report is NOT complete without this information!

List each job created on the form provided (**Sections 3**) as a result of this grant. Include job title, total wages and total number of hours of employment for each job. Indicate if each job was full-time or part-time. In addition to this please indicate the total number of individuals benefiting/participating in this project/event.

4. Marketing:

Describe how your project was marketed to the public. Attach examples of publicity showing the required Iowa Department of Cultural Affairs credit line.

5. Compliance:

If relevant (see contract), provide documentation of compliance with the Secretary of Interior's Standards.

6. Advocacy:

Describe any communication you had with local, county or state elected officials about your project or event. Copies of letters or email messages must be included with this Final Report.

7. Final Project Budget:

Complete the budget information on the form provided (**Section 7**) with this report.

Certification

The information contained in this report, including attachments and supporting materials, is true and correct to the best of my knowledge. I am legally authorized to obligate the Grantee.

PRINT OR TYPE the name and title of the person signing this form: _____

Signature: _____ Date _____

Section 3A: Employment Report

List each job created as a result of this grant. Include job title, total wages and total number of hours of employment for each job. Indicate if each job was full-time or part-time.

Job Title/s	Total wages	Total hours worked	Full Time? Or	Part Time?

Section 3B:

Please indicate the total number of individuals benefiting/participating in this project/event.

Total number: _____

Section 7: Actual Project Budget

Enter the actual project expenditures detailing what expenses were met by cash match, in-kind match and ICCG funds. Please include a budget detail as well.

Please provide expenses for each category listed	ICCG Funds	Cash Match	In-kind Match	Subtotals
Personnel:				
Includes wages, salaries, benefits, etc. associated with the completed project				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Supplies and Materials:				
Includes office supplies, building materials, etc.				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Travel/Pre Diem:				
Includes fares, mileage, per diem payments, etc.				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Marketing:				
Includes costs for publicity, brochures, advertising, flyers, posters, program, etc.				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Space/Equipment Rental:				
Includes office, theatre, gallery, truck or special equipment rental.				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Other:				
Includes shipping expenses, administrative costs, etc.				
	\$	\$	\$	\$
Total Project Expenditures	\$	\$	\$	\$
	ICCG Funds	Cash Match	In-kind Match	Total