

GENERAL

## **Grant Report Form**

□ Interim Report

500 South Bronough Street ❖ Tallahassee, FL 32399-0250 ❖ Phone: 850/245-6470

GENERAL INFORMATION		SECTION A
1. <b>GRANT #:</b> 2. <b>PROJECT / PROGRAM</b> :		
3. ORGANIZATION NAME		
4. ADDRESS:		
5. CITY:	6. <b>ZIP</b> :	
7. CONTACT PERSON:	8. <b>TELEPHONE</b> : (	) -
9. <b>EMAIL</b> :		
<ul><li>10. START &amp; END DATES: The following program activities reflect a period of time from:</li><li>11. PROJECT / PROGRAM ACTIVITIES: (Use an attached sheet if more space is needed.)</li></ul>		to
12. <b>EVALUATION OF PROJECT / PROGRAM:</b> (As outlined and described by original applic	cation.)	
13. <b>COUNTIES:</b> List all counties in which project/program activities actually occurred:		
14. SUPPORT MATERIALS: You must attach support materials and submit them with the programs, support letters, etc. Credit to the Department of State must be reflected in your lattest, under penalty of perjury, that this report presents an accurate and com report dates above, and that the conditions of the grant have been complied wi	support materials.  uplete description of th	
Topoli and to and that the contained of the grant have been complied wi		
SIGNATURE OF AUTHORIZED OFFICIAL*  TYPEI	D NAME	DATE

\* Must be an authorized official on file with the Division of Cultural Affairs, authorized through the signed **Assurance of Compliance and Signature Authorization Form** or through an **Administrative Change Notice**.

**Note:** Audits. Each non-state entity that expends a total amount of state financial assistance equal to or in excess of \$500,000 in any fiscal year of such non-state entity shall be required to have a single audit for such fiscal year in accordance with the requirements of 215.97, Florida Statutes.

BUDGET CHANGE							SECTION B
14. EXPENSES		Change From			Change To		
	State Grant	Cash Match	In-Kind	State Grant	Cash Match		In-Kind
Personnel - Administrative							
Personnel - Artistic							
Personnel - Technical/Production							
Outside - Artistic Fees & Service							
Outside-Other Fees & Services							
Space Rental							
Travel					-		
Marketing							
Remaining Operating Expenses							
Total Cash Expenses							
Total In -Kind Expenses							
Total Project Costs							
15. INCOME		Change From			Change To		
13. IIVCOIVIL		Change From	Cash Income		Change re		Cash Income
Admissions			Casilincome				Casirincome
Contracted Services Revenue						_	
						_	
Other Revenue						_	
Corporate Support						_	
Foundation Support						_	
Other Private Support						_	
Government Support - Federal						_	
Government Support - State / F	Regional (Do not include	DCA Award)				_	
Government Support - Local							
Applicant Cash						_	
DCA Grant Request / Award							
Total Cash Income						_	
Total In -Kind Contributions						_	
Total Project Income						_	
16. REASON FOR BUDGET CH	ANGE						
OTHER CHANGES (i.e. Pr	oject Dates, Grant	Extension Reque	ests, etc.)				SECTION C
17. CHANGE FROM	-	•					
,,,							
18. CHANGETO							
19. REASON FOR CHANGE							
Signature of Authorized Official		Typed name			Da	te	
For Division of Cultural Affairs			Change number				
Date		as DNo	Date		Approved:	ПУас	ПМо
Date	. Approved. Life	З ЦИО	Date		Approved.	LI 162	
GI	rants Officer		_	Divisio	on Director		