

ILLINOIS ARTS COUNCIL AGENCY

FINAL REPORT

James R. Thompson Center
100 W. Randolph, Rm 10-500
Chicago, IL 60601-3298
312/814-6750
800/237-6994 (Toll free in Illinois)
TTY 312/814-4831

PUBLIC RADIO & TELEVISION
GRANTS PROGRAM

FINANCIAL

SEPARATE FINAL REPORTS ARE DUE FOR THE OPERATING GRANT AND THE BASIC GRANT.

NOTE: This is a standard form. Some lines may not be applicable to all projects funded by IACA.

There are two parts to every final report, a financial section and a narrative section. This report must show completely and accurately how the program actually occurred. This information is necessary to accomplish the statutory purposes outlined under Chapter 20 ILCS 3915. Disclosure of this information is REQUIRED. **Failure to provide requested information will result in this form not being processed.**

Email the completed form to Sandra Velazquez at sandra.velazquez@illinois.gov. Consult IACA staff if you have questions (312-814-6772).

Station Name and Call Number

Grant Number

Address

City

Zip

Financial Officer or Individual completing this form

Daytime Phone

Program Funded

Beginning Date

Ending Date

Summary: *Complete Financial Section on Next Page*

PRTV Grant Amount (from A on pg 3)	\$ _____	GRA
Total Cash Expenses (from #24 on pg 3)	\$ _____	EXP
Total In-Kind Contributions (from #26 on pg 3)	\$ _____	INK
IACA Grant Amount Spent (from #12 on pg 3)	\$ _____	SPE
Total Cash Income (from #13 on pg 3)	\$ _____	INC
Total Individuals Benefiting from project (from Narrative)	_____	IND
Children/Youth Benefiting from project (If zero, enter 0)	_____	YTH
Total Artists Participating in project (If zero, enter 0)	_____	ART
Total Volunteers Participating in project (If zero, enter 0)	_____	VOL

Please note Applicants are no longer required to submit a hard copy of a signed certification form; by completing this section you are certifying this final report.

Certification Statement

The undersigned, being an authorized agent on behalf of the 'Grantee' hereby certifies that:

1. In our opinion, the financial information, narrative and other required information detailed on this Final Report, is fairly stated and comply with the rules of the State of Illinois' Grant Recovery Act, and all the grant conditions referenced on the Illinois Arts Council Agency's Grant Agreement.
2. All of the information cited herein can be verified by accounting records and other financial information of the Grantee, and will be made available to the Illinois Arts Council Agency or designated representative upon request.

Authorizing Official Name and Title

Phone

Date submitted

Financial Section---Detail

For operating support, show all of your organization's actual income and expenses.

A. IACA GRANT AMOUNT AWARDED \$_____ (GRA)

REVENUE SOURCES

Income

- 1. Federal Government Agencies _____
- 2. Public Broadcasting Entities _____
- 3. Local Boards and Dept. of Education _____
- 4. Corporate (Business & Industry) Support _____
- 5. Foundation and Non-Profit Support _____
- 6. Memberships and Subscriptions _____
- 7. Individuals and Friends Groups' _____
- 8. State Colleges and Universities Support _____
- 9. State Grants (do not include IACA grant amount) _____
- 10. Applicant Cash Forward _____
- 11. Other Income not listed above _____
- 12. *IACA Grant Amount Spent* (SPE) _____
- 13. *Total Cash Income* (INC) _____ *(Add Items 1 through 12)*

EXPENSES

Actual Expenses

In-Kind Contributions

- 14. Programming and Production _____
- 15. Broadcasting _____
- 16. Public Information _____
- 17. Salaries _____
- 18. Eligible Equipment Purchases _____
- 19. Professional Expenses _____
- 20. Travel/Lodging/Transportation _____
- 21. Marketing _____
- 22. Fundraising Costs _____
- 23. Other Operating Expenses _____
- 24. **Total Expenses** (EXP) _____ *(Add Items 14 through 23)*
- 25. Net Cash Operating Gain/Loss _____
- 26. *Total In-kind Contributions* _____ (INK)
- 27. Revenue for Capital or Endowment Funds _____
- 28. Capital Expenditures _____

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FINAL REPORT

PUBLIC RADIO & TELEVISION GRANTS PROGRAM

1. NARRATIVE

Attach a program descriptive narrative which includes a discussion of the following points.

- I. Provide your Public Broadcasting program's mission statement and activities.
 - Describe how the station's daily broadcasting schedule fulfilled your overall mission within the last fiscal year
 - Describe the types of programs aired
 - List the districts served by your station
 - List on-air hours
 - List the number of employees working @ the station
 - Number of Full-time employees
 - Number of Part-time employees
- II. Explain the 'Financial' impact of this grant on the Station's overall mission and activities.
 - What were the Station's total expenditures for the fiscal year beginning July 1, 2014 ending August 31, 2015
 - Provide a 'Schedule of Expenditures' detailing how **IACA funds were expended** during this fiscal year
 - List the names and title of the full-time professional management staff
 - List the number of full-time equivalent employees (FTE) directly benefiting from this grant
- III. Evaluate this program's effects in the following areas: service to the public, outreach initiatives, underserved populations. Explain how you are evaluating your work in these areas?

2. INDIVIDUALS BENEFITING FROM BROADCASTING PROGRAM

I. Number of listening/viewing audience (Average Daily) _____

TOTAL LISTENING/VIEWING AUDIENCE (Annual) _____

II. Number of Non-Broadcasting Audience
(examples: live performances/screenings, workshops/classes, publications, etc.)

TOTAL NON-BROADCASTING AUDIENCE (Annual) _____

TOTAL INDIVIDUALS BENEFITING FROM PROGRAM. _____ (IND)
(Include this # on financial page)

REQUIRED DOCUMENTATION

Provide a 'Schedule of Expenditures' detailing how IACA *funds were expended* for this fiscal year

Include one to two examples of published materials and/or credit announcements relating to this grant program. This documentation should verify activities which took place during this grant period as well as your compliance with the requirement that IACA funding be acknowledged in printed material as follows: **"This program is partially supported by a grant from the Illinois Arts Council Agency, a State of Illinois agency."** If none, explain.

Do not send additional Invoices/Affidavits credit announcements televised or read on-air.

NATIONAL ENDOWMENT FOR THE ARTS REQUIREMENTS

THE FOLLOWING QUESTION IS PART OF A DATA COLLECTION PROJECT THAT DOCUMENTS NATIONAL TRENDS OF GRANTS IN THE ARTS. COMPLIANCE IS REQUIRED BY THE NATIONAL ENDOWMENT FOR THE ARTS. THE ILLINOIS ARTS COUNCIL AGENCY WILL NOT USE THIS INFORMATION DURING THE GRANTMAKING PROCESS.

NEA2. If the majority of the grant activities are intended to involve or act as a clear expression or representation of the cultural traditions of one particular group, or deliver services to a designated population, check that group's code from the list below. If the grant or activity is not designated to represent or reach any one particular group, check Box 99.

- | | |
|---|--|
| <input type="checkbox"/> A Asian | <input type="checkbox"/> P Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> B Black/African American | <input type="checkbox"/> W White |
| <input type="checkbox"/> H Hispanic/Latino | <input type="checkbox"/> 99 No single group |
| <input type="checkbox"/> N American Indian/Alaska Native | |