***St. Mary’s County Arts Council, Inc.***

***FY 20 Arts in Education Program***

**ARTS IN EDUCATION GRANT (AIE)**

**FINAL REPORT**

# Instructions

# Complete the entire form.

# Use the actual dollar amounts spent in relation to your project.

# The Maryland State Arts Council will also receive a copy of this completed page as part of the SMCAC’s AIE Final Report.

* + Include two PDF versions of publicity for the event(s) using the SMCAC logo.

# Email this AIE Final Report Form to: [info@smcart.org](mailto:info@smcart.org).

# DEADLINE no later than 12:00 noon, 21 days following completion of your Arts-in-Education project/series or by Friday, June 12, 2020, whichever comes first.

# Failure to meet this deadline will result in:

# Ineligibility for SMCAC grant funding in the subsequent fiscal year, and/or

# A requirement to return the full dollar amount of the grant.

1. **General Information**

*Please type as much information as required in each block.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **School/Educational Facility Name** | | | | | |  | | | |
| **Mailing Address** | | |  | | | | | | |
| **Principals Name** | | | |  | | | | | |
| **School Telephone** | | | |  | | | | | |
| **School email** |  | | | | | | | | |
| **Liaison’s Name** | |  | | | | | | | |
| **Liaison’s Home Phone** | | | | | | |  | | |
| **Liaison’s Cell Phone** | | | | |  | | | | |
| **Liaison’s Personal/Home Email** | | | | | | | | |  |
| **Student Population of School** | | | | | | | |  | |

1. **Artistic Programming Information**

*Please type as much information as required in each block.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Artist(s)** |  | | | | | | |
| **Project Type/Art Form** | | |  | | | | |
| **Proposed/Actual DATE(S) of project(s)** | | | |  | | | |
| **Goals of Project** *(be specific)* | | | | |  | | |
| **Number of Days** | |  | | | | | |
| **Number of Artist(s)** | |  | | | | | |
| **Number** of Students **Participating Directly** with the Artist(s), hands-on workshop, or core group | | | | | | |  |
| **Number** of Students **Indirectly** Involved (Audience) | | | | | |  | |

1. **Ratings Information**

*Please rate each category using a value of 1-5 with 1 being Inadequate and 5 being Excellent.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ratings** | **Excellent=5** | **Very Good=4** | **Good=3** | **Adequate=2** | **Inadequate=1** |
| Scheduling cooperation |  |  |  |  |  |
| Suitability of content for age group |  |  |  |  |  |
| Student preparation |  |  |  |  |  |
| Student response |  |  |  |  |  |
| Freedom from interruptions |  |  |  |  |  |
| **Overall Rating** |  |  |  |  |  |

1. **Financial Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Actual** Income and Expenses of Project: | | | | |
|  |  |  |  |  |
| *Income* | |  | *Expenses* | |
| AIE Grant Received | **$** |  | Artist’s Fee | **$** |
| Local Match | **$** |  | Artist’s Expenses | **$** |
| **Total:** | **$** |  | Materials | **$** |
|  | |  |  | Promotion/Documentation | **$** |
|  |  |  | **Total:** | **$** |

The remaining 25% of the total grant award will be sent you when we’ve received the final report.