



Jackson Arts Council JAC Grants Final Financial Report of Expenditures Form

"JAC Grants" is a program funded by the City of Jackson and Madison County and administered by the Jackson Arts Council.

JAC Grantee:

This report must be submitted with **30 days after your project ends** or by June 1, 2012, whichever comes first.

Form must be completed by the Project Director and certified by both the Chairperson or President of the Board and the Project Director.

Submit one (1) copy of this form along with one (1) copy of the Grant Evaluation Form and one (1) copy of the Final Request for Funds Form to:

Jackson Arts Council
314 E. Main St.
Jackson, TN 38301-6226

If you have any questions about completing any of the above forms, contact the Jackson Arts Council office, 731-423-2787.

FINAL FINANCIAL REPORT OF EXPENDITURES FORM

Name of Grantee: _____

TOTAL EXPENSES FOR THIS PROJECT

1. Personnel

a. Administrative (itemize)

i. _____ \$ _____

ii. _____ \$ _____

iii. _____ \$ _____

b. Artistic (itemize)

i. _____ \$ _____

ii. _____ \$ _____

iii. _____ \$ _____

c. Technical (itemize)

i. _____ \$ _____

ii. _____ \$ _____

iii. _____ \$ _____

d. Other Personnel _____ \$ _____

2. Space Rental: \$ _____

3. Travel: \$ _____

4. Marketing: \$ _____

5. Other Operating Expenses:

Equipment Rental: \$ _____

Shipping: \$ _____

Supplies & Materials: \$ _____

Exhibition Rental Fees: \$ _____

Other Production Costs: \$ _____

Other: _____ \$ _____

6. Capital Expenditures/ Acquisitions: \$ _____

7. Total Cash Expenses: \$ _____

FINAL FINANCIAL REPORT OF EXPENDITURES FORM

TOTAL INCOME FOR THIS PROJECT

1. Earned Income:

- | | | |
|---|----------|----------|
| a. Admission Charges, Subscriptions, Box Office Receipts | \$ _____ | |
| b. Concessions, Sales, Parking, Publications, Rentals, etc. | \$ _____ | |
| c. Tuition, Class & Workshop Fees | \$ _____ | |
| d. Sponsor Fees for Performances, Exhibitions | \$ _____ | |
| e. Sponsor Fees for Optional Services | \$ _____ | |
| f. Other Earned Income | \$ _____ | |
| Total Earned Income: | | \$ _____ |

2. Unearned Income:

- | | | |
|--|----------|----------|
| a. Fundraising | | |
| i. Individual Contributors, Sponsors | \$ _____ | |
| ii. Memberships | \$ _____ | |
| iii. Benefits (net) | \$ _____ | |
| b. Interest on Investments, Endowments | \$ _____ | |
| c. Other Unearned Income | \$ _____ | |
| Total Unearned Income | | \$ _____ |

3. Grants:

- | | | |
|---|----------|----------|
| a. Local Government (Do not include this JAC Grant request) | \$ _____ | |
| b. State Government | \$ _____ | |
| c. Federal | \$ _____ | |
| d. Corporate | \$ _____ | |
| e. Foundation | \$ _____ | |
| f. Other Grants | \$ _____ | |
| Total Grants | | \$ _____ |

4. Total Prior-year Carry-over Funds \$ _____

5. Applicant's Total Cash Income (sum lines 1, 2, 3, 4) \$ _____

6. JAC Request for this Proposal \$ _____

7. TOTAL PROJECT INCOME (sum lines 5, 6)* \$ _____

*Total Application Revenue must be at least as much as Total Cash Expenses.

FINAL FINANCIAL REPORT OF EXPENDITURES FORM

CERTIFICATION

CERTIFICATION: We certify that the above financial report of the above referenced JAC Grant contract, supportive material and evaluations are true and correct and that all expenditures were incurred solely for the purpose of the contract.

Chief Authorizing Official (Chair or President of the Board)

Signature: _____
Title: _____
Print Name: _____
Date: _____

Project Director

Signature: _____
Title: _____
Print Name: _____
Date: _____