



## Head Start Arts Integration | FY2020 Final Report

### General Information

organization name:

name of person filling out this report:

phone number:

email address:

name(s) of teaching artist(s) supported  
by this grant:

### Impact and Engagement

number of classrooms supported  
by these grant funds:  
*(We understand if this might be zero.)*

total number of children served:

total number of adults engaged:  
*(teachers, parents, artists, administrators, etc.)*

For the following questions, select all categories that made up 25% or more of those directly benefiting from your services. Responses should reflect populations reached directly rather than through broadcasts or online programming.

population benefited – age:

population benefited – race/ethnicity:

population benefited – distinct groups:

## **Narrative Questions**

Were you able to carry out the activities as planned? If not, please briefly document the activities and the changes to your scope of work.

Tell us a brief story about your activities. Highlight any anecdotes that speak to the impact your project had on your participants.

## Financial Report and Narrative

A complete and detailed financial report and narrative must be included. Show all expenses and income including the costs for all staff members, classroom teachers, and teaching artists involved in the project. Make sure that the money used (income) balances the costs related to the project (expenses). Listed below in the table are key expense items. Use those that apply. You may also list additional line items that are specific to your project.

<b>expenses</b>	<b>amount</b>
administration	
artist fees	
classroom teacher time	
accessibility	
materials/supplies	
travel	
overhead	
other	
other	
<b>TOTAL EXPENSES</b>	

<b>income</b>	<b>amount</b>
grant award	
grantee contribution	
Head Start partner contribution	
other contributions	
other contributions	
<b>TOTAL INCOME</b>	

Explain how you arrived at the numbers in your financial report. If other expenses or income are listed, please briefly describe those line items.

## Activity Locations

Provide the street address where the activities took place. If the project took place at additional venues, include a separate document (Word, Excel, etc.) with the address information. Provide venue name, street address, city, state, ZIP, and number of days at each location.

venue name:

street address:

city:

state:

zip:

number of days at venue:

## Support Materials and Permissions

We would like to see the outcome of your project. This could include photos, programs, brochures, evaluations, letters from participants, etc.

Please [upload at least one of those files here](#).

*(This hyperlink will redirect to our Box account where the images/files will be stored.)*

The Council has permission to use images provided as they work to advocate for the arts, demonstrate accountability, and reflect the essential role the arts place in Vermont communities. We have procured the necessary releases and authorizations for use from any participants depicted.

yes

no

The Council has permission to quote and use your response in the narrative, or excerpts of your response, as they work to advocate for the arts, demonstrate accountability, and reflect the essential role the arts play in Vermont communities.

yes

no