



## Cultural Facilities Grant | FY2024 Final Report Preview

This is not the final report for the Cultural Facilities Grant, but a list of the questions you'll be expected to answer in the [online grant portal](#). **Character limits, when applicable, may be found in parentheses beside each question, and include spaces, individual characters, and punctuation.**

### Grantee Information

1. Organization
2. Contact's name
3. Email address
4. Phone number

### Facility and Usage

1. How would you classify this facility? *You'll select from the following options.*

- arts center (multiple arts disciplines)
- church/religious facility
- gallery
- grange hall
- historical society
- library
- multi-arts
- museum
- non-arts
- other
- theater
- town hall

1a. If you selected other, briefly describe the facility.

2. Did the funded activity improve the quality of the cultural experience? *You'll answer yes or no.*

3. What did this funding improve? *You'll select all that apply from the following options.*

- accessibility (e.g., elevator, lift, assistive listening system, ramp, bathroom)
- collections care (e.g., permanent/exhibit/collection display cases, environment improvements)
- comfort (e.g., fixed theater seating, heating, air conditioning)
- equipment upgrades (e.g., digital projection, sound, theatrical lighting systems)
- hazard mitigation (e.g., flood gates, rain gutters, snow guards, sprinkler systems)
- other (if not included in this list)
- safety (e.g., fire safety, electrical upgrades)

3a. If you selected other, briefly list what the funding improved.

### Facility and Usage (continued)

4. Prior to the completion of this funded activity, what percentage of time throughout the year was the facility used for cultural programming? *Only enter a percentage from 0-100%.*

5. After completion of the funded activity, what percentage of time throughout the year do you anticipate the facility will be used for cultural programming? *Only enter a percentage from 0-100%.*

### Narrative Questions

1. Briefly describe the activity that was supported by grant funds. (1,000 characters)

2. Did the implementation of the project or activity differ from the original plan? If so, please describe how and why. (1,000 characters)

3. Describe the cultural activities that will take place in the facility during the coming year. (1,000 characters)

4. Describe how this activity had or will have a positive impact on your organization's capacity to deliver programs and services and/or your community's cultural development. (1,000 characters)

5. How did/will you measure this impact (e.g., surveys, interviews, observations, etc.)? (1,000 characters)

6. How did you let people know about funding from the Vermont Arts Council? (1,000 characters)

7. Have you informed your legislators, other elected officials, and community leaders about this activity and the grant funding? (1,000 characters)

8. Do you have suggestions as to how this grant program could better meet your needs or the needs of your organization? (1,000 characters)

### Impact Numbers

Now that the funded project is complete, provide your best estimates for the number of people who will use the space and benefit from the renovation or improvement of the building in the coming year. Be careful not to double-count. For example, one person attending five performances counts as one individual.

1. Total number of people who will use the facility

2. Of those individuals, how many are artists who will provide programming?

3. Approximate number of days that you will provide cultural programming in the next year  
*If you have five events scheduled next year, this will equal five days of programming. If you have five events scheduled on the same day, this will equal one day of programming.*

4. Population Benefited by Age

*Select all categories that will make up 25% or more of those who will use your facility in the next year.*

- 01 – children/youth (0-18 years)
- 02 – young adults (19-24 years)
- 03 – adults (25-64 years)

- 04 – older adults (65+ years)
- 09 – No single group made up more than 25% of the population directly benefited

**5. Population Benefited by Race/Ethnic Groups**

Select all categories that will make up 25% or more of those who will use your facility in the next year.

- A – Asian
- B – Black/African American
- G – No single group made up more than 25% of the population directly benefited
- H – Hispanic/Latino
- N – American Indian/Alaska Native
- P – Native Hawaiian/Pacific Islander
- W – White

**6. Population Benefited by Distinct Groups**

Select all categories that will make up 25% or more of those who will use your facility in the next year.

- D – Individuals with disabilities
- E – Individuals with limited English proficiency
- G – No single group made up more than 25% of the population directly benefited
- I – Individuals in institutions (include people living in hospitals, hospices, nursing homes, assisted care facilities, correctional facilities, and homeless shelters)
- M – Military veterans/active-duty personnel
- P – Individuals below the poverty line
- Y – Youth at risk

**Financial Report**

Provide a complete and detailed financial report for the project. Grants must be matched on a 1:1 basis. At least 50% of the match must be in cash (total income). A value should be placed on any in-kind contributions such as donated labor and materials (total in-kind). A balanced budget should be presented (total income + total in-kind support = total expenses). Applicant Cash and Grant Amount are required.

**EXPENSES**

EXPENSE	AMOUNT
Contractor	
Builder	
Electrician	
Other Services	
<b>Non-Personnel Expense</b>	
Capital Purchases	
Technical Equipment	
Materials/Supplies	
Other	
<b>TOTAL EXPENSES</b>	

**IN-KIND**

IN-KIND CONTRIBUTION	AMOUNT
Contractor	
Builder	

Electrician	
<b>Non-Personnel In-Kind</b>	
Capital Purchases	
Technical Equipment	
Materials/Supplies	
Other	
<b>TOTAL IN-KIND</b>	

## INCOME

INCOME	AMOUNT
<b>Earned Income</b>	
Admissions	
Other	
<b>Contributions</b>	
Corporate/Business	
Foundation	
Individual	
Other Private	
<b>Government</b>	
Local	
Other State	
Federal	
<b>Grantee &amp; Council</b>	
<b>Applicant Cash*</b>	
<b>Grant Amount*</b>	
<b>SUBTOTAL INCOME</b>	
<b>TOTAL INCOME + IN-KIND</b>	

## Financial Report Narrative

1. Explain how you arrived at the amounts in your financial report. Your explanation should make a direct reference and correlate with both the amounts and invoices you are submitting with this report. Use this space, also, to explain any amounts categorized as "other" and to document any in-kind support presented in your financial report. (1,000 characters)

## Paid Invoices

**Invoice uploads must be PDF and no larger than 5 MB.** If you have more than five invoices, combine the additional copies into one document to upload.

1. Upload a copy of paid invoices
2. Upload a copy of paid invoices
3. Upload a copy of paid invoices
4. Upload a copy of paid invoices
5. Upload a copy of paid invoices

## Vendors

1. How many Vermont vendors did you pay for this activity?

*Indicate the total number of Vermont vendors (e.g., contractors, builders, etc.) that were paid by the organization to conduct the specific work outlined in the proposal. For example, your organization hired Jiffy Electric and ABC Construction. This would count as two vendors. Don't worry about counting the number of employees.*

2. What was the total dollar amount paid to Vermont vendors?

3. How many out-of-state vendors did you pay for this activity?

*For example, your organization ordered sound equipment from Fantastic Sounds based in New York City. This would count as one out-of-state vendor. Ordering supplies through Amazon would also count as an out-of-state vendor. Any vendor that is not based in Vermont will be considered out-of-state.*

4. What was the total dollar amount paid to out-of-state vendors?

## Support Materials and Photos

We'd like to see the outcome of your project. This could include programs, brochures, evaluations, letters from participants or audience members, etc. Besides cultural programming, we also want to see the before and after of your project. For example, submit a photo of the new electrical wiring or the new stage floor, etc.

Several of these photos will be used in future presentations. Upload each photo separately and provide a brief description of the image. Also, include the name of the photographer and any other necessary credit information.

*After submitting your uploads, the browser window will display "Success! Your file has been submitted." You will not be able to see your uploads after they are submitted. If you need to check your uploads, please [send an email to Meredith Bell](#) and she can provide a link where you can view your media uploads.*

1. To upload files [click on this link to our Box account](#).

## Permissions

You will check either yes or no for this permission.

1. We give the Council permission to use these images and/or media for publicity purposes. We have procured the necessary release and authorizations for use from any participants depicted.

- Yes
- No

2. We give the Council permission to quote or use our response in the narrative, or excerpts of our response, for publicity purposes.

- Yes
- No

## Questions?

Send an [email to Michele Bailey](#) or call her at 802.402.4614.