



# Arts in Education Final Report

Academic Year: 2013-2014

Virginia Commission Grant I.D. #: 14- \_\_\_\_\_

Federal Employer I.D.#: \_\_\_\_\_

**MAIL TO:** Virginia Commission for the Arts  
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**RETURN DAYS FOLLOWING THE COMPLETION OF THE RESIDENCY AND BEFORE JUNE 1, 2014**  
Final payments will not be made until the Commission has received and approved all final report and evaluation forms.

**GRANTEE:**

School/School Division/Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
County (if applicable) \_\_\_\_\_  
School Division (name of city or county) \_\_\_\_\_  
Telephone # (incl. area code) \_\_\_\_\_  
Application Contact \_\_\_\_\_  
Email Address \_\_\_\_\_

**RESIDENCY ARTIST:**

Artist Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Arts Discipline \_\_\_\_\_

*Note: If more than one Artist participated, attach additional contact information.*

**GRADE LEVEL(S):** \_\_\_\_\_ **TOTAL # OF RESIDENCY DAYS:** \_\_\_\_\_

**PARTICIPANTS** (give actual numbers):

Student Participants \_\_\_\_\_ +  
Teacher/Administrator Participants \_\_\_\_\_ +  
Community Participants \_\_\_\_\_ +  
Exhibition/Performance/Reading \_\_\_\_\_ +  
Other \_\_\_\_\_ =  
**Total # of participants/attendance** \_\_\_\_\_  
  
Participating Schools \_\_\_\_\_ +  
Participating Organizations \_\_\_\_\_ =  
**Total # of Schools/Organizations** \_\_\_\_\_

**EVENTS** (give actual numbers)

Exhibitions \_\_\_\_\_ + Performances \_\_\_\_\_ + Readings \_\_\_\_\_ + Workshops \_\_\_\_\_ = **Total residency events** \_\_\_\_\_

*NOTE: Each performance of a production = 1 event. A series of workshops/classes involving the same participants = 1 event.*

**ACTUAL RESIDENCY INCOME** (cash only):

Va. Commission Residency Grant (total) \$ \_\_\_\_\_  
PTA/PTO Funding \$ \_\_\_\_\_  
Arts Organization Funding \$ \_\_\_\_\_  
Private Foundation Funding \$ \_\_\_\_\_  
Service Organization Funding \$ \_\_\_\_\_  
Local Arts Council Funding \$ \_\_\_\_\_  
School/School Division Funding \$ \_\_\_\_\_  
Business (specify) \$ \_\_\_\_\_  
Other (specify) \$ \_\_\_\_\_  
**TOTAL CASH INCOME** \$ \_\_\_\_\_

**ACTUAL RESIDENCY EXPENSES** (cash only):

Travel for Artist(s) \$ \_\_\_\_\_  
Materials for Participants \$ \_\_\_\_\_  
Materials for Artist(s) \$ \_\_\_\_\_  
Documentation \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
Specify:  
Total Fee for Resident Artist(s) \$ \_\_\_\_\_  
**TOTAL CASH EXPENSES** \$ \_\_\_\_\_

If more than one residency artist participated, please attach a list of names and rate per day.

**NOTE: Residency cash expenses must equal residency cash income.**

**RESIDENCY NON-CASH (IN-KIND) INCOME:**

**RESIDENCY NON-CASH (IN-KIND) EXPENSES:**

I hereby certify that, to the best of my knowledge, all information in this final report is complete and accurate:

\_\_\_\_\_  
NAME OF ON-SITE COORDINATOR TITLE

\_\_\_\_\_  
SIGNATURE OF ON-SITE COORDINATOR DATE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZING OFFICIAL DATE

**Final grant award payments will not be made if the  
Final Report is received after June 1, 2014**