

Oregon Cultural Trust

FY2020 Cultural Development

Project Final Report

Submission Deadline: September 1, 2020

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Name | |  | |
| Contact Name | |  | |
| Contact Phone | |  | |
| Contact Email | |  | |
| Adults Engaged | |  | |
| Children Engaged | |  | |
| Artists Directly Involved | |  | |
| Population Benefited by Race | | Select all that apply  N: American Indian/Alaska Native  A: Asian  B: Black/African American  H: Hispanic/Latino  P: Native Hawaiian/Other Pacific Islander  W: White  G: No single group made up 25% or more | |
| Population Benefited by Age | | Select all that apply  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 25% or more | |
| Population Benefited by Group | | Select all that apply  D: Individuals with Disabilities  I: Individuals in Institutions  P: Individuals below the Poverty Line  E: Individuals with Limited English Proficiency  M: Military Veterans/Active Duty Personnel  Y: Youth at Risk  G: No single group made up more than 25% | |
| Did you achieve the goals of your project? Describe how your successes were measured, and how any set-backs were handled. Include in your answer any changes to your project/activities that occurred during the grant period. | | | |
|  | | | |
| Using specifics, describe who participated in your project and the individuals who benefited from your project (numbers, age, geographic distribution, etc.) How did this project impact your organization and community? | | | |
|  | | | |
| Did you project provide educational opportunities? Please describe what these were, who benefited and how, include number of people served. | | | |
|  | | | |
| Budget Narrative: Provide a detailed list of in-kind contributions (include estimated value and description). | | | |
|  | | | |
| Final Project Revenue | | | |
| Detail | Description | | Final Amount |
| Corporate Support 1 |  | |  |
| Corporate Support 2 |  | |  |
| Corporate Support 3 |  | |  |
| Earned Revenue 1 |  | |  |
| Earned Revenue 2 |  | |  |
| Earned Revenue 3 |  | |  |
| Foundation Support 1 |  | |  |
| Foundation Support 2 |  | |  |
| Foundation Support 3 |  | |  |
| Government Support – City |  | |  |
| Government Support – County |  | |  |
| Government Support – State |  | |  |
| Government Support – Tribal |  | |  |
| Government Support – Federal |  | |  |
| Grant from Oregon Cultural Trust |  | |  |
| Individual/Community Support 1 |  | |  |
| Individual/Community Support 2 |  | |  |
| Individual/Community Support 3 |  | |  |
| Other Support |  | |  |
| Total Project Revenue |  | | $0.00 |
| Final Projects Expenses | | | |
| Detail | Description | | Final Amount |
| Contracted Services 1 |  | |  |
| Contracted Services 2 |  | |  |
| Contracted Services 3 |  | |  |
| Marketing and Promotion |  | |  |
| Materials/Supplies |  | |  |
| Project Evaluation |  | |  |
| Space – Facility Costs |  | |  |
| Staff – Administration |  | |  |
| Staff – Project Management/Oversight |  | |  |
| Travel/Per Diem |  | |  |
| Other 1 |  | |  |
| Other 2 |  | |  |
| Other 3 |  | |  |
| Other 4 |  | |  |
| Total Project Expenses |  | | $0.00 |

I certify that the information contained in this final report is true and correct to the best of my knowledge and that my organization followed all guidelines set out in the grant agreement.

|  |  |
| --- | --- |
| Name of Authorizing Official |  |
| Signature |  |
| Date | Click or tap to enter a date. |

Questions? Please contact [Aili.Schreiner@oregon.gov](mailto:Aili.Schreiner@oregon.gov) or [Kat.Bell@oregon.gov](mailto:Kat.Bell@oregon.gov)