FY24 *Programming & Capacity Building Project Grants* (PCBPG) Final Report Template

**This template is for your reference only. All reports and relevant materials must be submitted online through SurveyMonkey Apply (SM Apply). AHCMC cannot accept materials submitted by mail or email.**

**\*Please note that there may be formatting differences on the SM Apply grants portal, however the content of the questions will remain as seen on this template.\***

**All required questions are marked with an asterisk (\*). All text responses have a character count that includes spaces.**

The report is due no later than **August 9, 2024, at 11:59 p.m.** in SM Apply. **Please do not mail or hand-deliver any paperwork to the AHCMC office.** Please contact AHCMC grants staff with any questions.

Grant Award Information

**Grant Agreement Number:** *Will auto-fill*

A grant in the amount of **${{ *will auto-fill* }}** for the period **July 1, 2023 – June 30, 2024** was awarded by the Arts & Humanities Council of Montgomery County (AHCMC).

Grantee Information

*The information in this section will auto-fill from the FY24 PCBPG award agreement. Please verify that the information below is correct and make any changes, if necessary.*

**\*Legal Name (name provided to the IRS):**

**DBA (doing business as), if different:**

**\*Address:**

**\*City:**

**\*State:**

**\*ZIP Code:**

# Contact Information

*The information in this section will auto-fill from the FY24 PCBPG award agreement. Please verify that the information below is correct and make any changes, if necessary.*

**\*Grant Contact Name:**

**\*Grant Contact Title (i.e., Development Director):**

**\*Grant Contact Phone Number:**

**\*Grant Contact Email:**

**Alternate Grant Contact Name:**

**Alternate Grant Contact Title:**

**Alternate Grant Contact Phone Number:**

**Alternate Grant Contact Email:**

**\*Name of Executive Director, CEO, Managing Director, or comparable position:**

**\*Title:**
**\*Phone Number:**
**\*Email:**

# Final Report Narrative

**\*What were the specific goals for the project? Were the project goals successfully achieved?** (2,500 characters maximum with spaces)

**\*Describe any challenges faced in completing the project during the funding period, including ongoing challenges as a result of the COVID-19 pandemic.** (2,500 characters maximum with spaces)

**Use this space for any additional updates you would like to share.** (1,500 characters maximum with spaces)

Project Budget

**SurveyMonkey Apply will have a fillable chart for this section.**

* + **Your budget must be balanced: total expenses MUST equal total income.**
	+ **Do not use the dollar sign or symbols such as a comma in the amount column.**
		- Ex: If you’d like to enter one thousand dollars, type 1000 rather than $1000 or $1,000.
	+ If you need more space, you may combine items budgeted under $1,000 into one line item and explain in the budget notes.

**\*Cash Expenses**

* + List all project expenses, including expenses that were paid for from sources other than the AHCMC grant award. (Review page 5 of the FY24 PCBPG guidelines for a detailed description of allowable expenses that can be paid for by AHCMC.)
	+ **Use an asterisk (\*) to mark expenses that were paid for by the AHCMC grant. Asterisked expenses should clearly indicate how the AHCMC grant award of ${{ *will auto-fill* }} -was allocated.**
	+ **Do not include “miscellaneous” or "contingency" expenses.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item** | **Description** | **Amount as entered in the FY24 application** | **Actual Amount** |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
| **Total Cash Expenses** | **$** *Will auto-calculate* | **$** *Will auto-calculate* |

**\*In-Kind Expenses**

* + In-kind expenses are non-cash expenses. If items were donated, (i.e., supplies or services) list those items below with their monetary value.
	+ If you did not have in-kind items, indicate "N/A" across the first line item.

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item** | **Description** | **Amount as entered in the FY24 application** | **Actual Amount** |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
| **Total In-Kind Expenses** | **$** *Will auto-calculate* | **$** *Will auto-calculate* |

**\*Cash Income**

* + **The first line item must be "AHCMC Grant” with the grant award**: ${{ *Will auto-fill* }}
	+ Include any other sources of income for this project.

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item** | **Description** | **Amount as entered in the FY24 application** | **Actual Amount** |
| 1. AHCMC Grant
 | Amount awarded | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
| **Total Cash Income** | **$** *Will auto-calculate* | **$** *Will auto-calculate* |

**\*In-Kind Income**

* If you entered in-kind items in the “In-Kind Expenses” section above, re-enter those same items in the chart below with their monetary value.
* If you did not have in-kind items, indicate "N/A" across the first line item.

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item** | **Description** | **Amount as entered in the FY24 application** | **Actual Amount** |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
| **Total In-Kind Income** | **$** *Will auto-calculate* | **$** *Will auto-calculate* |

 **Total expenses MUST EQUAL total income.**

* **Total Actual Project Expenses:** *Will auto-calculate*
* **Total Actual Project Income:** *Will auto-calculate*

**Provide any additional information to explain the line items above.** (1,500 characters maximum with spaces)

**\*Signature of Authorized Representative of {{ *Legal Name, dba Name of Grantee*}}**:

By signing this form on behalf of **{{ *Legal Name, dba Name of Grantee*}}**, I certify that to the best of my knowledge, the information contained in this report is accurate.

*Left click, hold, and drag the mouse to sign.*

\***Name of Authorized Representative**:

\***Title**:

\***Date**:

Uploads

\***Financial Statements**

* Upload a Profit & Loss Statement (income and expenses) for the grant period (July 1, 2023 – June 30, 2024), and current Balance Sheet. Groups may submit a current balance sheet if available.

Contact Marisa Benson, AHCMC Grants Manager, at (301) 565-3804, or mailto:Marisa.Benson@creativemoco.com with any questions about the financial statements.

**\*Work Sample(s)**

* Upload at least one and up to 10 work sample(s), such as video, audio, visual, or a PDF with written works (i.e., creative writing sample, excerpt from a book chapter, research synopsis, etc., for literary and/or humanities work). For performing arts activities, grantees are highly encouraged to submit video or audio work samples, instead of stills or photos. The work sample(s) should reflect the best representation of the grantee’s work over the FY24 grant period.

**Support Materials**

* Upload a PDF of supplemental documentation, including programs, marketing/PR materials, and/or other documents that convey the strength of work.