

FY25 *Advancement Grants* (AG) 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 on **August 15, 2025 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, 2024 – June 30, 2025** has been awarded by the Arts & Humanities Council of Montgomery County (AHCMC).

Grantee Information

The information in this section will auto-fill from the FY25 AG award agreement. Please verify that the information below is correct and make any changes, if necessary.

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

DBA (doing business as), if different:

***Organization Address:**

***Organization City:**

***Organization State:**

***Organization ZIP Code:**

Contact Information

The information in this section will auto-fill from the FY25 AG award agreement. Please verify that the information below is correct and make any changes, if necessary.

***Contact Name:**

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

***Contact Phone Number:**

***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

Your responses should address how your project impacted your organization's staff, Board, operations, programming, service to the community, and financials.

***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 FY25 funding period.** (2,500 characters maximum with spaces)

***Provide an update on any significant operational, programmatic, and financial challenges and/or successes your organization experienced during the grant period that impacted your project.** (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 6 of the FY25 AG 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 FY25 application	Actual Amount
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
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 FY25 application	Actual Amount
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
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 autofill }}
- Include any other sources of income for this project.

Line Item	Description	Amount as entered in the FY25 application	Actual Amount
1. AHCMC Grant	Amount awarded	\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
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 FY25 application	Actual Amount
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
Total In-Kind Income		\$ Will auto-calculate	\$ Will auto-calculate

Total expenses MUST EQUAL total income.

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

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

Match Documentation

Grantees must provide a one-to-one match for the grant award.

After completing this form, upload documentation of matching funds received. Examples of appropriate documentation include a donation spreadsheet, or copies of acknowledgement letters sent to donors.

- **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.

*New Funding Sources

- **At least 50% of the match must be from donors that are new to the applicant or gift increases from current donors.** The match may be entirely from new sources.
- Donors who have not given before July 1, 2023, are considered new donors.

Line Item	Description	Dollar Amount
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
Total New Match Sources		\$ Will auto-calculate

*Other Sources

- If the match is not entirely from new sources, the remaining 50% of the match may be from any source, including but not limited to reserves, ticket sales, tuition, and/or state and federal grants.
- The match **may not** include in-kind contributions or donated services, any earned revenue from the Montgomery County Government, or grants and appropriations from Montgomery County Government.

- If the match consists entirely of new sources, indicate "N/A" across the first line item.

Line Item	Description	Amount
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
Total Other Match Sources		\$ Will auto-calculate

The total match must equal the AHCMC grant award.

Total Match: \$ Will auto-calculate

AHCMC Grant Award: \$ Will auto-fill

Please provide an explanation for the match, including hourly rates for volunteers or professionals.
(1,500 characters maximum without spaces)

***Signature of Authorized Representative of {{Grantee}}:**

By signing this form on behalf 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 for the grant period (July 1, 2024 – June 30, 2025), and a current Balance Sheet.

Contact Takenya LaViscount, AHCMC Grants Director, at (301)-565-3805 x26, or Takenya.LaViscount@creativemoco.com with any questions about the financial statements.

***Match Documentation**

- Upload up to 10 PDF files of documentation of matching funds received. Examples of appropriate documentation include but are not limited to ticket sale data, a donation spreadsheet, copies of acknowledgement letters sent to donors, award letters from grantors, etc.

Contact Takenya LaViscount, AHCMC Grants Director, at (301)-565-3805 x26, or Takenya.LaViscount@creativemoco.com with any questions about match documentation.

***Project Support Materials**

- Upload at least one and up to 10 PDF files that document the completion of the project. Examples include finalized consultant proposals, training bulletins pertaining to professional development, etc. This list is not exhaustive.
- If the AHCMC grant covers payment for equipment and/or technology, submit a list of the items purchased and a list of the manufacturers/vendors.