

# FY25 General Operating Support I Grants (GOS I) 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 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** was awarded by the Arts & Humanities Council of Montgomery County (AHCMC).

## Grantee Information

*The information in this section will auto-fill from the FY25 GOS I 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 GOS I 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 your organization's staff, Board, operations, programming, service to the community, and financials.**

**\*What were the organization's major goals during the FY25 funding period and was the organization able to successfully achieve its goals? Please share evaluative metrics used and outcome data. Include any DEIA (Diversity, Equity, Inclusion and Access) benchmarks met. (2,500 characters maximum with spaces)**

**\*Describe any significant challenges the organization faced during the FY25 funding period. (2,500 characters maximum with spaces)**

**\*Did you request a feedback appointment to discuss the panel's comments regarding your organization's FY25 GOS I application?**

- ☐ Yes
- ☐ No

*If no: Applicants are encouraged to schedule a feedback appointment. Panel scores and comments are discussed during feedback appointments that can be scheduled after the award notifications have been publicly announced.*

**\*Explain how your organization has addressed the issues and concerns noted in the panel comments. Provide an explanation if your organization has struggled to address panelists' concerns. (2,500 characters maximum with spaces)**

Use this space for any additional updates you would like to share. (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.

### \*Cash Match

- **The match must consist of at least 50% cash.** The match may be entirely cash.
- Cash match sources **may not** include any earned revenue from the Montgomery County Government or grants and appropriations from Montgomery County Government.
- Cash match sources may include but are not limited to reserves, ticket sales, tuition, and/or state and federal grants.

| Line Item               | Description | Amount                        |
|-------------------------|-------------|-------------------------------|
| 1.                      |             | \$                            |
| 2.                      |             | \$                            |
| 3.                      |             | \$                            |
| 4.                      |             | \$                            |
| 5.                      |             | \$                            |
| 6.                      |             | \$                            |
| 7.                      |             | \$                            |
| 8.                      |             | \$                            |
| 9.                      |             | \$                            |
| 10.                     |             | \$                            |
| <b>Total Cash Match</b> |             | <b>\$ Will auto-calculate</b> |

### **\*In-Kind Match**

The match may consist of **no more than 50% in-kind contributions**. In-kind contributions may consist of donated goods, donated services, and volunteers.

The value of in-kind contributions shown as income must be offset by in-kind expenses in the total budget. The value of in-kind goods and services must be documented with invoices, billing statements, and/or donation letters.

The value of volunteer time, other than as described below, must be recorded at no more than \$34.79 per hour.

- Professionals, such as attorneys, accountants, sound engineers, and lighting designers who are providing services without charge will not be considered volunteers.
  - These individuals will be counted as having donated services, provided that the applicant supplies documentation about the usual hourly rate charged by the professional.
- The value of staff time paid by the organization as an in-kind expense must be documented in the budget notes.

**If the match did not consist of in-kind items, indicate "N/A" across the first line item.**

| Line Item                  | Description | Amount                        |
|----------------------------|-------------|-------------------------------|
| 1.                         |             | \$                            |
| 2.                         |             | \$                            |
| 3.                         |             | \$                            |
| 4.                         |             | \$                            |
| 5.                         |             | \$                            |
| 6.                         |             | \$                            |
| 7.                         |             | \$                            |
| 8.                         |             | \$                            |
| 9.                         |             | \$                            |
| 10.                        |             | \$                            |
| <b>Total In-Kind Match</b> |             | <b>\$ Will auto-calculate</b> |

**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](mailto: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. The value of in-kind goods and services, if applicable, must be documented with invoices, billing statements, and/or donation letters.

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

**\*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 FY25 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.