

# FY25 *General Operating Support II Grants* (GOS II) 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 **July 31, 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 II 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 FY25 GOS II 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)**

**\*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 100% cash.
- Cash match sources **may not** include any earned revenue from the Montgomery County Government and grants or appropriations from Montgomery County Government sources.
- The match **may not** include in-kind contributions or donated services.
- The match must equal the AHCMC grant award: **\$\$\$ will auto-fill }**

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

Please provide additional notes for the match, if applicable. (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 FY25 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 documenting 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.

**\*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.