



711 E. Wells Avenue  
 Pierre, SD 57501  
 (605) 773-3301 or 1-800-952-3625  
 Website: www.artscouncil.sd.gov

**Grant Evaluation Form**

Applicant Organization (Please type or print)

Address City/Town State Zip County

Telephone Number E-mail Address

Contact person Daytime Phone Evening/Message Phone

**Type of Grant:**

(Check only one box.)

**Grants to Artists**

- Artist Fellowship Grant
- Artist Project Grant
- Artist Collaboration Grant
- Traditional Arts Apprenticeship

**Grants to School & Organizations**

- Arts Challenge Grant
- Arts Opportunity Grant
- Excursion Grant
- Importation of Musicians
- Performing Arts Bank
- Professional Development

**Grants to Schools & Organizations**

- Project Grant
- Small Organization Season Support
- SDAC Initiative
- Statewide Services
- Technical Assistance

SDAC Grant Award: \$ \_\_\_\_\_ Number of events: \_\_\_\_\_

Project Period Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Date(s) of project event(s): \_\_\_\_\_

Number benefiting: Children & Youth \_\_\_\_\_ Artists \_\_\_\_\_ Total (youth, artists & all others) \_\_\_\_\_

Evaluate how effectively your project, event or season addressed the following goals of the SD Arts Council, using this scale: 1 = Poor; 2 = Fair; 3 = satisfactory; 4 = Good, and 5 = Excellent; NA = not applicable

- \_\_\_\_\_ Enhancement of quality of life in your community
- \_\_\_\_\_ Promotion of public awareness of the arts
- \_\_\_\_\_ Advancement of the arts as essential to education and life-long learning
- \_\_\_\_\_ Strengthening your organization (or if you are an individual artist, your artistic career)
- \_\_\_\_\_ Encouragement and support or artists in your community and/or region
- \_\_\_\_\_ Increased community access to the arts
- \_\_\_\_\_ Overall artistic quality of the project

**Agreement:** I certify that the information on all pages of this form is true and correct and that all expenditures were incurred for the purpose of the SDAC Grant. I agree that our records of income and expense will be kept on file for a minimum of 3 years in suitable form to audit.

Authorizing Official: \_\_\_\_\_  
 Signature and Title Date

Address City/Town Zip Telephone

**Answer the following. Your candid answers will help the Arts Council evaluate its overall grant programs and will not influence your future grants.**

Explain the most important outcome or result you hoped to achieve with your project.

To what extent have you achieved this outcome or result?

fully achieved,  somewhat achieved,  not much achieved,  not achieved

Comment/explanation:

# FINANCIAL REPORT

Applicant Organization \_\_\_\_\_

Project Title \_\_\_\_\_

*Please round all amounts to the nearest dollar.*

EXPENSES	Cash Expenses	In-Kind Contribution
A. Personnel		
Administrative (number of positions_ _)		
Artistic (number of positions_ _)		
Outside Artistic Fees & Services		
Other Outside Fees & Services		
B. Space Rental		
C. Travel (Mileage, lodging, meals)		
D. Marketing		
E. Remaining Operating Expenses		
_____		
_____		
_____		
_____		
F. Total Cash Expenses (A through E)		
G. Total In-Kind Contributions (A through E)		
H. Total Expenses (Total of F and G)		

INCOME SOURCE	INCOME \$
<b>I. Admissions</b>	
<b>J. Revenue from Contracted Services</b>	
<b>K. Other Revenue (Please Specify)</b>	
_____	
_____	
_____	
<b>L. Cash Support</b>	
Corporate	
Foundation	
Other Private	
<b>M. Government Support</b>	
City/County _____	
Regional/State _____	
Federal _____	
<b>Other SDAC Grants*</b> _____	
*(Do Not include Line P amount in this number)	
<b>N. Applicant Cash</b> (See Glossary)	
<b>O. Total Cash Income</b> (Add Lines I-N)	
<b>P. Total SDAC Grant Amount for <u>this</u> Activity</b> (Including the final 10 %)	
<b>Q. Total Cash Income</b> (Line O + Line P)	
<b>R. Total In-Kind Contributions</b> (Same as Line G)	
<b>S. Total All Income</b> (Line Q + Line R)	