



**FY2020 Oregon Cultural Trust Organizational & Professional Development**

**Grant FINAL REPORT FORM**

Project Contact Name:				
Address:				
City		Oregon	Zip	
Telephone				
Email				

**Organization Name (Fiscal Sponsors accepted only for County Cultural Coalitions):**

Federal Tax Identification Number	
Executive Director or Board Leadership Name	
Title	
Email Address	
Web Address	

**Project Information**

Project Title	
Total Budget for this Project/Activity	
Grant Amount Received	
Which category did you apply to?	<input type="checkbox"/> <b>Organizational Development</b> <input type="checkbox"/> <b>Professional Development</b>
Briefly describe the project (maximum 150 words)	

- If you applied to the Professional Development category, identify the conference or seminar/workshop/course you attended (include link, if available).

Seminar Workshop	
Link	

1. Describe the implementation of the project.  
(Maximum 250 words)

2. What were key outputs and outcomes of the project? (Maximum 250 words)

3. Was the project effective in improving your organization's services? Describe  
(Maximum 250 words)

**Organization & Professional Development Project Budget Form**

<b>EXPENSES</b> <i>Only list direct expenses</i>		Description	Expense
1	Project Consultant/Trainer		
2	Tuition/Conference Registration		
3	Contracted Services		
4	Materials/Supplies		
5	Materials/Supplies		
6	Materials/Supplies		
7	Project Evaluation		
8	Travel		
9	Per Diem and Lodging		
10	Other		
<b>11</b>	<b>A. Total Expenses</b>		
<b>REVENUE</b> <i>Indicate if planned, pending or confirmed</i>		Description	Revenue
12	Applicant (Organization Cash)		
13	Business/Corporate Support (source)		
14			
15	Foundation Support (source)		
16			
17	County Cultural Coalition Grant		
18	Individual/Community Support		
19	Other Government Support		
20	City		
21	County		
22	State		
23	Tribal		
24	Other		
25	Grant Amount Requested		
<b>26</b>	<b>B. Total Revenue</b>		
<b>Projected Total Expense (A) and Revenue (B) must be equal</b>			
<b>IN-KIND (noncash contributions and expenses)</b>			
27	In-Kind Support		
28	In-Kind Expenses		

**Note:** Please provide a budget for the **project only**, not the operating budget of the organization.

**Budget Narrative**

Use this opportunity to clarify line items or provide pertinent details about the project budget - grants awarded, grants proposed or pending, type of significant in-kind donations, special rates or agreements.

If awarded funds, a final report must be submitted within 30 days of the completion of the project.

**Authorization**

*The undersigned certifies that they are authorized to represent the organization that received a grant and that the information contained in this Final Report is accurate.*

*The undersigned agrees that the grant was awarded to the organization:*

*(1) Was used for the purpose outlined in the grant award letter and was not expended for any other purpose.*

*(2) Information about the organization, project and outcomes of the grant may be used by the Oregon Cultural Trust*

Signature of Applicant

Title	
Date	

**(For Cultural Coalitions only):**

If fiscal sponsorship provided by a separate organization

Signature of Sponsoring Organization Representative

Title	
Date	

**Submitting Final Report Form**

Please submit the completed Final Report Form, attaching documentation of Cultural Trust grant recognition materials, via email to:

ATTN: Aili Schreiner, Manager  
Oregon Cultural Trust  
[Aili.Schreiner@Oregon.Gov](mailto:Aili.Schreiner@Oregon.Gov)