



FY2022 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"/> Organizational Development <input type="checkbox"/> Professional Development |
| 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

| EXPENSES <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 | | |
| 11 | A. Total Expenses | | |
| REVENUE <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 | | |
| 26 | B. Total Revenue | | |
| Projected Total Expense (A) and Revenue (B) must be equal | | | |
| IN-KIND (noncash contributions and expenses) | | | |
| 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