



1. Were you able to carry out ALL approved project activities? Yes  No

Describe the activities supported by the award. (3,000 character limit)

2. What did the project accomplish during the period of performance? Please highlight key accomplishments and relate them to the goals of your project.

What factors were instrumental to your project's success? (3,000 character limit)

3. Beyond the project's direct accomplishments, what was the impact or benefit for (please answer all that apply):

POL student participants? (2,000 character limit)

Participating schools? (1,000 character limit)

Your organization? (1,000 character limit)

Your local arts/poetry community? (1,000 character limit)

4A. Did the project encounter any events and/or circumstances that impeded your ability to conduct the project as planned?

Yes  No

4B. If yes, please describe the nature of the challenge(s). Were you able to overcome the challenge(s) and, if so, how? Please describe any lessons learned. (3,000 character limit)

5. Please complete the following tables regarding the involvement of key partners, funders (besides the Arts Endowment), and key artists.

Name of Key Partner / Funder	Type of Entity	Nature of Involvement	Contributed Match?
(text field)	(drop down menu) <ul style="list-style-type: none"> <li>• Nonprofit Arts Organization</li> <li>• Nonprofit Community Organization</li> <li>• Private Foundation</li> <li>• School or School District (K-12)</li> <li>• Local Government Agency</li> <li>• State Government Agency</li> <li>• Federal Government Agency*</li> <li>• College/University</li> <li>• Library</li> <li>• Religious Organization</li> <li>• Media Organization</li> <li>• For-profit Company</li> <li>• Nonprofit organization other than those identified above</li> <li>• Other</li> </ul>	(text field – 700 character limit per field)	(Yes/No)
(text field)	(drop down menu)	(text field – 700 char.)	(Yes/No)
(text field)	(drop down menu)	(text field – 700 char.)	(Yes/No)

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\*Please note that funding from other Federal Government Agencies CANNOT be counted as match.

Name of Key Artist	Nature of Involvement
(text field)	(text field)
(text field)	(text field)

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6. Is your Poetry Out Loud project implemented by the state arts agency and its staff? Yes  No

If not, please identify the organization that implements Poetry Out Loud in your state, and describe the state agency's relationship to the implementing organization. (1,000 character limit)

**PART IIA: PROJECT ACTIVITY**

Provide data for activities supported with this award (NEA and matching funds) during the period of performance. Indicate the number of activities delivered. Leave blank any items that are not applicable or for which actual figures/supportable estimates do not exist.

<b>Project Activity</b>	<b>Number</b>
Number of Professional Original Works of Art Created <ul style="list-style-type: none"> <li>Do not include student works, adaptations, re-creations, or restaging of existing works.</li> </ul>	
Number of Concerts/Performances/Readings	
Number of Arts Instruction Activities <ul style="list-style-type: none"> <li>Include classes, demonstrations, lectures, and other means used to teach knowledge of and/or skills in the arts.</li> <li>A class taught over multiple sessions should be counted as one class.</li> <li>A class repeated for multiple audiences should be counted per audience.</li> </ul>	
Number of schools that actively participated in the Poetry Out Loud project (Those schools that were involved actively in your project, not those to which material simply was distributed.)	
Number of artists' residencies (Artists' activities in schools or other community settings over an extended period of time.)	
Number of hours broadcast on radio, television, cable, podcasts, and/or webcasts. For series, include hours for all broadcasts. Include broadcasts that occurred after the end date of the project only if they were a direct result of the funding of this award. Do NOT include public service announcements, advertising, or other promotional activities-	
Number of staff members who work regularly (20+ hours per week) on Poetry Out Loud	

1. Does your Poetry Out Loud project include regional competitions? Yes  No

2. Does your Poetry Out Loud programming include workshops for:  
 Students? Yes  No  Teachers? Yes  No

3. Do you provide honorariums or stipends to your Poetry Out Loud judges? Yes  No

4. Do you provide travel stipends for Poetry Out Loud:  
 Students? Yes  No  Teachers? Yes  No



**PART IIB: INDIVIDUALS BENEFITED**

Provide data for individuals who directly benefited during the period of performance. Leave blank any items that are not applicable or for which actual figures/supportable estimates do not exist.

<b><u>Individuals Compensated from the Project Budget</u></b> Enter the number of individuals who were paid, in whole or in part, with project funds reported on your Federal Financial Report (both the NEA and the Recipient Share). Please refer to the Final Report Tips on the Manage Your Award page of our website for additional guidance in making this calculation.	<b><u>A</u></b> <b>Number of individuals</b>	<b><u>B</u></b> <b>Of the number reported in column A, how many were hired during the project period as a result of this award?</b>
<b>Artists</b>		
<b>Others (includes employees, temporary staff, and contractors who did not work as artists on this project)</b>		
<b>Total</b>		

<b>Teachers</b>	<b>Number</b>
Enter the number of teachers who actively participated in the project.	

<b>"In-Person" Arts Experience</b>	<b>Number</b>	
Enter the number of people that directly engaged with the arts, whether through attendance at arts events or participation in arts learning or other types of activities that involved people directly interacting with artists or the arts. In the 'Adults' field, please enter the total number of teachers and guest artists who participated in the POL project, as well as parents who attended POL competitions. In the 'Children/Youth' field, please enter the total number of students who actively participated in at least one POL competition, at least at the classroom level. Do not count individuals who were primarily reached through television, radio, the Internet, or other media. Avoid inflated numbers, and do not double-count repeat attendees. Where exact numbers are unavailable, please provide estimates.	a. Adults	
	b. Children/Youth	
	c. Total	

<b>Virtual Arts Experience</b>	<b>Total Number of Unique Visitors</b>
If your project used online or mobile components to engage audiences (e.g., podcasts, live web streaming, mobile applications, online videos/audio/games, e-book or e-reader downloads, distance learning, internet-based artworks, online collections/ exhibitions, etc.), then please enter an estimate of the total number of unique visitors who accessed these components during the grant period. Do not include people who visited a website for unrelated content.	

If your project used online or mobile components to engage audiences, then please select the “type” that best describes the form of technology used. (Select all that apply.)	
<input type="checkbox"/>	Podcasts
<input type="checkbox"/>	Live web streaming
<input type="checkbox"/>	Mobile applications
<input type="checkbox"/>	Online videos/audio/games
<input type="checkbox"/>	E-book or e-reader downloads
<input type="checkbox"/>	Distance learning
<input type="checkbox"/>	Internet-based artworks
<input type="checkbox"/>	Online collections/exhibitions
<input type="checkbox"/>	Other. Please enter the type of other technology: [Text box]

**PART IIC: POPULATION DESCRIPTORS**

For the next three sections, please select all groups of people that your project intended to serve directly. Then answer two follow-up questions in each section.

Racial/Ethnic Groups	
<input type="checkbox"/>	N - American Indian or Alaskan Native
<input type="checkbox"/>	A - Asian
<input type="checkbox"/>	B - Black or African American
<input type="checkbox"/>	H - Hispanic or Latino
<input type="checkbox"/>	P - Native Hawaiian or other Pacific Islander
<input type="checkbox"/>	O - Other Racial/Ethnic Group. Please enter the type of group: [Text box]
<input type="checkbox"/>	U - No Specific Racial/Ethnic Group

If your project focused on serving one or more racial/ethnic groups, then did it succeed in this objective?

Yes  No

If yes, then please complete this table. Provide an estimate, if available, of the percentage that the group(s) represented in the total population served by this project.

Racial/Ethnic Groups	Percentage of Total Population Served
(drop down menu) <ul style="list-style-type: none"> <li>American Indian or Alaskan Native</li> <li>Asian</li> <li>Black or African American</li> <li>Hispanic or Latino</li> <li>Native Hawaiian or other Pacific Islander</li> <li>Other Racial/Ethnic Group</li> </ul>	(text field)
(drop down menu)	(text field)

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Age Groups	
<input type="checkbox"/>	1. Children/Youth (0-17 years)
<input type="checkbox"/>	2. Young Adults (18-24 years)
<input type="checkbox"/>	3. Adults (25-64 years)
<input type="checkbox"/>	4. Older Adults (65+ years)
<input type="checkbox"/>	5. No Specific Age Group

If your project focused on serving one or more specific age groups, then did it succeed in this objective?

Yes  No

If yes, then please complete this table. Provide an estimate, if available, of the percentage that the group(s) represented in the total population served by this project.

Age Groups	Percentage of Total Population Served
(drop down menu) <ul style="list-style-type: none"> <li>• Children/Youth (0-17 years)</li> <li>• Young Adults (18-24 years)</li> <li>• Adults (25-64 years)</li> <li>• Older Adults (65+ years)</li> </ul>	(text field)
(drop down menu)	(text field)

[CLICK HERE TO ADD NEW ROW](#)

Underserved/Distinct Groups	
<input type="checkbox"/>	D - Individuals with Disabilities (physical, cognitive, or sensory)
<input type="checkbox"/>	I - Individuals in Institutions (include people living in hospitals, hospices, nursing homes, assisted care facilities, correctional facilities, and homeless shelters)
<input type="checkbox"/>	P - Individuals below the Poverty Line
<input type="checkbox"/>	E - Individuals with Limited English Proficiency
<input type="checkbox"/>	M - Military Veterans/Active Duty Personnel
<input type="checkbox"/>	Y - Youth at Risk
<input type="checkbox"/>	O - Other Underserved/Distinct Group. Please enter the type of group: [Text box]
<input type="checkbox"/>	U - No Specific Underserved/Distinct Group

If your project focused on serving one or more underserved/distinct groups, then did it succeed in this objective?

Yes  No

If yes, then please complete this table. Provide an estimate, if available, of the percentage that the group(s) represented in the total population served by this project.

Underserved/Distinct Groups	Percentage of Total Population Served
(drop down menu) <ul style="list-style-type: none"> <li>• Individuals with Disabilities (physical, cognitive, or sensory)</li> <li>• Individuals in Institutions (include people living in hospitals, hospices, nursing homes, assisted care facilities, correctional facilities, and homeless shelters)</li> <li>• Individuals below the Poverty Line</li> <li>• Individuals with Limited English Proficiency</li> <li>• Military Veterans/Active Duty Personnel</li> <li>• Youth at Risk</li> <li>• Other Underserved/Distinct Group</li> </ul>	(text field)
(drop down menu)	(text field)

CLICK HERE TO ADD NEW ROW

### **PART III: GEOGRAPHIC LOCATION OF PROJECT ACTIVITY**

For your Final Descriptive Report to be complete, you **must** report the locations of specific project activity using the Geographic Location of Project activity online reporting tool at <https://apps.nea.gov/GEO/Default.aspx>.