or Cooperative Agreement #:

OMB No. 3135-0140 Expires XX/XX/XXXX

National Endowment for the Arts

FY18 FINAL DESCRIPTIVE REPORT

March 2018

Submit your Final Descriptive Report (FDR) within 90 days after the period of performance end date. The FDR must be submitted through your eGMS REACH account, which can be accessed at https://grants.arts.gov/eGMS-Reach/Login. Before completing this form, please review the FDR formatting instructions in the Preparing Your Final Reports Package document, found here: https://www.arts.gov/manage-your-award/awards-after-oct1-2017-to-organizations. FDRs must be completed in Adobe Reader, version 9 or newer, and saved as a PDF. Please follow the instructions carefully; improperly formatted reports cannot be accepted.

ORGANIZATION INFORMATION

Organization:	
Grant #: OR	Cooperative Agreement #:
Period of Performance (month/day/year):	/ / To / /
Contact (First, Last Name):	
Title:	
Email:	Phone:
Website:	

PART I: PROJECT NARRATIVE

In this section, please respond to each narrative question in the text fields provided below. You may cut and paste th	ıе
answer into the form from another document, but please limit your response to the posted character limits. As you ex	۲it
each text field, it will expand to show your entered text.	

Please include "human interest" stories or other anecdotal information about the project within the narrative as appropriate. On occasion you may be contacted for copies of programs, reviews, relevant news clippings, playbills, or other evidence of your accomplishments, including evidence of your acknowledgement of National Endowment for the Arts (NEA) support. Feel free to include relevant web links.

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IAL DESCRIPTIVE REPORT - Standard	Grant #:	or Cooperative Agreement #:
b. What factors were instrumental to your project's	s success? (1,000 character	imit)
		anization? (1.000 character
Beyond the project's direct accomplishments, wha	at was the benefit to your orga	(1,000
limit)	at was the benefit to your org.	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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or Cooperative Agreement #:

5. Please complete the following tables regarding the involvement of key partners, funders (besides the NEA), and key artists. *Please note that funding from other federal government agencies CANNOT be counted as match (cost share).

Name of Key Partner/Funder	Type of Entity		Nature of Involvement (700 character limit per cell)	Contributed Match? (Including In- Kind)
				Yes No
Add Row X				
Name of Key Artist		Nature of Involvem	ent (700 character limit per cell)	
Add Row X				

PART IIA: PROJECT ACTIVITY DATA

Provide data for activities supported with this award (NEA and cost share funding) 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.

Project Activity	Number
Number of Professional Original Works of Art Created	
 Do <u>not</u> include student works, adaptations, re-creations, or restaging of existing works. 	
Number of Fairs/Festivals Held	
Report media arts and film festivals in the Exhibitions field below, not here.	
• Do not break out fair/festival activities (performances, etc.) in other project activity fields.	
Number of Exhibitions Curated/Presented	
Include visual arts, media arts, design, and film festivals.	
Count each curated film series as a single exhibition.	
An exhibition staged multiple times should be counted as one exhibition.	
Number of Concerts/Performances/Readings	
Number of Arts Instruction Activities	
• Include classes, demonstrations, lectures, and other means used to teach knowledge of and/or skills in the arts.	
A class taught over multiple sessions should be counted as one class.	
A class repeated for multiple audiences should be counted per audience.	

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.

applicable or for which actual figures/supportable estim	iates do not e	exist.				
Individuals Compensated from the Project Budget Enter the number of individuals who were paid, in who part, with project funds (both the NEA and the cost sh reported on your Federal Financial Report.	how many were not contractors) during the proje) by your organiz	oyees, zation			
Artists						
Others (includes employees, temporary staff, and con who did not work as artists on this project)	tractors					
Total						
"In-Person" Arts Experience			People	Numb	er	
Enter the number of people that directly engaged with			Adults			
attendance at arts events or participation in arts learning or other types of activities that involved people directly interacting with artists or the arts. Do not count Children/Youth						
individuals who were primarily reached through television, radio, the Internet, or other media. Avoid inflated numbers, and do not double-count repeat attendees.						
Virtual Arts Experience Total Number of Unique Visitors						
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.)						
☐ Podcasts	Distance	learning				
Live web streaming	Internet-	based artworks				
☐ Mobile applications	Online co	ollections/exhibition	ons			
Online videos/audio/games	Other. Pl	ease enter the ty	pe of other techr	nology:		
E-book or e-reader downloads						

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PART IIC: POPULATION DESCRIPTORS

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

RACIAL/ETHNIC GROUPS	
American Indian or Alaska Native	White
☐ Asian	Other Racial/Ethnic Group. Please enter the type of group:
☐ Black or African American	
☐ Hispanic or Latino	☐ No Specific Racial/Ethnic Group
Native Hawaiian or other Pacific Islander	
If your project focused on serving one or more racial/e	ethnic groups, then did it succeed in this objective?
AGE GROUPS	
Children/Youth (0 - 17 years)	Older Adults (65+ years)
☐ Young Adults (18 - 24 years)	☐ No Specific Age Group
Adults (25 - 64 years)	

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UNDERSERVED/DISTINCT GROUPS	
Individuals with Disabilities (physical, cognitive, or sensory)	Military Veterans/Active Duty Personnel
	☐ Youth at Risk
Individuals in Institutions (include people living in hospitals, hospices, nursing homes, assisted care facilities, correctional facilities, and homeless shelters	Other Underserved/Distinct Group. Please enter the type of group:
☐ Individuals below the Poverty Line	No Specific Underserved/Distinct Group
☐ Individuals with Limited English Proficiency	
	erved/distinct groups, then did it succeed in this objective?
☐ Yes ☐ No	