

EAF Grant Report - Arts and Creative Industries

Agency Name:		
Program Name:		
Grant Award:		
Reminder: Grant Report will be consistent with the Grant Agreement and Work Program & Budget submitted by the agency. Any changes will be proposed in writing and approved by Metro.		
PLEASE INDICATE WITH "X" THE TIMEFRAME FOR WHICH REPORT IS BEING SUBMITTED		
H1: July 1, 2022 - December 31, 2022 (Report Due: January 13)		
H2: January 1, 2023 - June 30, 2023 (Report Due: June 30)		
Metro Use Only:	Date(s)	Comments
Received:		
1st Review:		
2nd Review:		

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I. A. PROGRAM ACTIVITY *Refer to Section V: Program Scope of the fully executed Work Program & Budget*

Program Activity	H1: # of weeks activity was conducted	H2: # of weeks activity was conducted	H1: Unduplicated Clients Served	H2: Unduplicated Clients Served	Cumulative: Unduplicated Clients Served
					-
					-
					-
					-
TOTAL:	-	-	-	-	-

Explanations/Comments:

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I. B. PROGRAM OUTCOMES *Refer to Section VI: Program Outcomes of the fully executed Work Program & Budget*

Projected SMART Outcomes	H1: % of Outcomes Met	H2: % of Outcomes Met	Cumulative: % of Outcomes Met
			0%
			0%
			0%
			0%

Explanations/Comments:

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II. PROGRAM BUDGET SUMMARY Refer to Section VII: Program Budget of the fully executed Work Program & Budget . Please add itemized expenditures on "Expenses H1" and "Expenses H2" sheets as needed for your program documentation.

Expense	Grant Allocation	H1 Expenditures	H2 Expenditures	Cumulative Expenditures
Paid Personnel (Include contract personnel in "Other Expenses")				\$0.00
Rent				\$0.00
Utilities				\$0.00
Office Supplies				\$0.00
Program Materials				\$0.00
Telephone & Cell Phones				\$0.00
Local Travel (within Jefferson County)				\$0.00
Small Equipment				\$0.00
Other Expenses				\$0.00
TOTAL:	\$0.00	\$0.00	\$0.00	\$0.00

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III. PERSONNEL AND SMALL EQUIPMENT BUDGET DETAIL

III. A. PAID PERSONNEL DETAIL *Refer to Section VII(A): Paid Personnel Detail of the fully executed Work Program & Budget.*

Employee Name and Title	Grant Allocation	H1 Expenditures	H2 Expenditures	Cumulative Expenditures
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
TOTAL:	\$0.00	\$0.00	\$0.00	\$0.00

III. B. SMALL EQUIPMENT - Complete only if grant funds were allocated for this line item. Provide description of purchase cost and date of purchase. Include only those items purchased during this reporting period. An Inventory Form will be provided for completion requiring a picture of equipment, if appropriate, and copies of purchase documentation (receipts) if not already provided.

Description	Cost	Date (mm/dd/yy)
TOTAL:	\$0.00	

Report Prepared By:

Signature:

Title:

Phone:

Date:

Email Address:

ZIP	H1: Unduplicated Clients Served	H2: Unduplicated Clients Served	Cumulative: Unduplicated Clients Served
40023			0
40025			0
40059			0
40109			0
40118			0
40202			0
40203			0
40204			0
40205			0
40206			0
40207			0
40208			0
40209			0
40210			0
40211			0
40212			0
40213			0
40214			0
40215			0
40216			0
40217			0
40218			0
40219			0
40220			0
40222			0
40223			0
40225			0
40228			0
40229			0
40241			0
40242			0
40243			0
40245			0
40258			0
40272			0
40291			0
40299			0
Outside Jefferson County			0
ZIP Code unknown			0
TOTAL:	0	0	0

	H1: Unduplicated Clients Served	H2: Unduplicated Clients Served	Cumulative: Unduplicated Clients Served
RACE			
Black			0
White			0
Other			0
TOTAL:	0	0	0

	H1: Unduplicated Clients Served	H2: Unduplicated Clients Served	Cumulative: Unduplicated Clients Served
ETHNICITY			
Hispanic or Latino			0
Not Hispanic or Latino			0
TOTAL:	0	0	0

	H1: Unduplicated Clients Served	H2: Unduplicated Clients Served	Cumulative: Unduplicated Clients Served
GENDER			
Female			0
Male			0
Non-binary			0
TOTAL:	0	0	0

Line Item	Item Purchased, Net Payroll, or Vendor	Purchase or Payroll End Date	Expense Amount	Check #, Invoice #, Payroll Journal or Ledger, Bank or Credit Card Statement
Paid Personnel (Net Pay)				
			\$ -	
Rent				
			\$ -	
Utilities				
			\$ -	
Office Supplies				
			\$ -	

Program Materials				
			\$ -	
Telephone				
			\$ -	
Travel <i>(Reimbursement rate \$0.56 per mile)</i>				
			\$ -	
Small Equipment				
			\$ -	
Other Expenses				
			\$ -	
Total Expenses:			\$ -	

Line Item	Item Purchased, Net Payroll, or Vendor	Purchase or Payroll End Date	Expense Amount	Check #, Invoice #, Payroll Journal or Ledger, Bank or Credit Card Statement
Paid Personnel (Net Pay)				
			\$ -	
Rent				
			\$ -	
Utilities				
			\$ -	
Office Supplies				
			\$ -	

Program Materials				
			\$ -	
Telephone				
			\$ -	
Travel <i>(Reimbursement rate \$0.56 per mile)</i>				
			\$ -	
Small Equipment				
			\$ -	
Other Expenses				
			\$ -	
Total Expenses:			\$ -	