



Organization Information:

Organization Details

Projects:

Project Summary

Project 1

Budget Information:

Project Budget

Certification:

Preview / Submit

Applicant's Name:
AKA:
Organization ID (EIN):
Final Report ID:
Final Report Status:

Organization Details

This section includes basic information about the organization related to this Final Report, including contact and award information. Select the "Final Report Primary Contact" from the dropdown list below which includes Active registered users in the organization's Account Profile.

Labels in Blue Italics = Original Information Entered (CDF Application)

Final Report Contact Information:

Final Report Primary Contact:	-Select- <input type="button" value="v"/>
Salutation:	
First Name:	
Middle Initial:	
Last Name:	
Title:	
Work Phone:	
Email Address:	

Fiscal 2016 Award Information:

<input type="button" value="?"/> Total Final Award:	\$0
<input type="button" value="?"/> Payment(s) Received:	\$0
<input type="button" value="?"/> Reduction(s) Taken:	\$0
<input type="button" value="?"/> Final Payment Due:	\$0

General Information:

<input type="button" value="?"/> Using Conduit?	<i>No</i> <input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="button" value="?"/> Conduit's Name:	<input type="text"/>

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Project Summary

The Final Report should only include information on activities the organization has completed in the grant period and should reflect the scope of the organization's Fiscal 2016 Application or Renewal submission.

Revisions to the scope of the funded project(s), called "Scope Changes," require the submission and approval of a [Scope of Service Request for Revision](#) form prior to submission of the Final Report.

Click on the "Project Title" below to begin entering information about each project.

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Projects:

Priority	Project Title	Status	Scope Changes
1	Test	Incomplete	N/A

Designation:

Select one "Discipline" and one "Borough" to describe this Report. For most organizations, borough and discipline designations will be the same as those entered in the Application or Renewal.

Discipline: *Other*

Borough: *Manhattan*

Supplemental Materials:

In addition to this online form, the Final Report requires the submission of supplemental materials including any applicable templates and background material.

Check the boxes below to indicate what type(s) of materials will be submitted to document the funded project(s).

Selected Materials: Press
 Flyer/Program
 Publication(s)
 Images
 Educational Material
 Other

Other:

Conflicts of Interest Disclosure:

The Organization hereby represents and warrants that, to the best of its knowledge, information, and belief, neither it nor any of its directors, officers, employees, subcontractors, or outside service providers, has any personal interest, direct or indirect, that conflicts in any manner or degree with the performance or rendering of the cultural public services herein provided. The Organization further represents and warrants that no person having such interest or possible interest has been employed or otherwise retained by the Organization in the performance of the services.

If you are unable to answer "Yes," you must submit the [Conflicts of Interest template](#) with your background materials.

 Do you certify that the above statement is true and correct? Yes No

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Project Details

In completing the Project Details, it is imperative to review the original project information submitted in the Application or Renewal.

Begin by entering the "Actual Project Title" and "Actual Project Description" for this project. The description should include a **high level of detail** regarding the activities that actually occurred, including who, what, when, where, why, how, how many, and how often.

Do not include or reference any activities outside of the five boroughs of New York City, or dates outside of FY16 (i.e., before July 1, 2015 or after June 30, 2016).

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General Information:

Original Project Title: *djghdjkgdgh*

Original Project Description: [Click Here for Original Description](#)

Location/Venue Information:

The Department of Cultural Affairs tracks where cultural activities are taking place throughout the City. Select the actual "Borough(s)" and "Council District(s)" in which this project took place. You may select multiple boroughs and/or council districts. (PC users may select more than one item by holding the Control key while clicking on the selections. Mac users should click the Command key [the ⌘ key] while clicking on multiple selections.)

Be sure to include the boroughs and council districts for all locations/venues for this project in this overall list.

Borough(s):	<i>Bronx</i> <input type="text" value="Bronx"/> <input type="text" value="Brooklyn"/> <input type="text" value="Manhattan"/> <input type="text" value="Queens"/> <input type="text" value="Staten Island"/>
Council District(s):	Click here for Original Council District(s) <input type="text"/>

Location/Venue Listing:

Enter the specific location(s) or venue(s) where this project took place; you may enter up to 25 locations here. If the project took place in more than 25 locations, you must submit the Additional Locations template with your background materials. Make sure to include all locations where the project activities occurred. The borough and council district of every location must also be selected in the Location/Venue Information above.

Location/Venue Name	Street Address	Suite/Apt.#	Borough/District	ZIP Code
---------------------	----------------	-------------	------------------	----------

➤ ADD NEW VENUE

<input type="text" value="Location/Venue Name"/>
<input type="text" value="Street Address"/>
<input type="text" value="Suite/Apt.#"/>
Borough: <input type="text" value="- Select -"/>
Council District: <input type="text" value="- Select -"/>
ZIP Code: <input type="text"/>

Did this project take place in more than 25 locations? (If so, you must submit the Additional Locations template) Yes No

Project Details:

Discipline Code:	Architecture/Design
Start Date of Activity:	08/10/2015
End Date of Activity:	08/22/2015
Did you charge for this service?	Yes <input checked="" type="radio"/> Yes <input type="radio"/> No
If Yes, describe pricing and who paid:	dgdfgdfgdfg
Range of Charges for this Service: (Minimum \$ - Maximum \$)	to
Did you provide discounts?	Yes <input checked="" type="radio"/> Yes <input type="radio"/> No
If Yes, please describe discount program:	dfgdfgdfg

Specific Audience:

Enter actual attendance figures for this project. Be sure to review the definitions of Direct and Indirect Recipients before entering the figures.

<input type="text"/> ? Number of Direct Recipients:	321231
<input type="text"/> ? Number of Indirect Recipients:	

Age Breakdown:

Break down the "Number of Direct Recipients" among the age categories listed below. The percentage breakdown must total 100%. If this project was not targeted to a specific audience, enter 100% in the "General" category.

Original Ages Selected:	General
Pre-school (%):	0
Grades K-5 (%):	0
Grades 6-8 (%):	0
Grades 9-12 (%):	0
Young Adults (%):	0
Adults (%):	0
Seniors (%):	0
General (%):	0
Total (%):	0

Ethnicity Breakdown:

If possible, estimate the "Number of Direct Recipients" among the ethnicity categories listed below. The percentage breakdown must total 100%. (Be as accurate as possible in your estimates. If this information is unavailable, do not respond to this question.)

Native American/Alaskan (%)	<input type="text" value="0"/>
Asian (%)	<input type="text" value="0"/>
African American/Black (%)	<input type="text" value="0"/>
Hispanic/Latino (%)	<input type="text" value="0"/>
Native Hawaii/Pacific Islander (%)	<input type="text" value="0"/>
White (%)	<input type="text" value="0"/>
Other (%)	<input type="text" value="0"/>
Total (%)	<input type="text" value="0"/>

Artist Compensation:

Were artists compensated? Yes No

If Yes, explain:

Did artists pay to participate? Yes No

If Yes, explain:

Education Program:

Was this an education program that benefited children in grades Pre-K through 12? No

If yes, did any portion of this program take place in NYC public school(s) during school hours? Yes No

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Project Budget

Itemize the **total income and total expenses** for all the funded project(s). Figures entered here may be unaudited but should reflect the most accurate income and expenses known to date. Because this page can be saved only after all Actual Expenses have been entered and match the "Total Project Cost" below, we recommend preparing the figures before beginning this section.

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Project Costs:

Project Title	Original Cost (\$)	Actual Cost (\$)	% Diff
Test	\$2,262	<input type="text"/>	0%
Total Project Cost:	\$2,262	\$0	

Earned Income:

	Original Amt.	Actual Amt.
? Admissions/Box Office:	\$321	<input type="text"/>
? Contracted Services:	\$321	<input type="text"/>
? Tuition, Class/Workshop Fees:	\$321	<input type="text"/>
? Publications:	\$321	<input type="text"/>
? Fundraising (Gross):	\$321	<input type="text"/>
? Other Earned Income:	\$321	<input type="text"/>
Total Earned Income:	\$1,926	\$0

Unearned/Government Income:

	Original Amt.	Actual Amt.
? NEA:	\$321	<input type="text"/>
? NYSCA:	\$321	<input type="text"/>
? Other Federal/State:	\$312	<input type="text"/>
? DCA/Program Services:	\$312	\$0
? DCA/Other:	\$0	\$0
? Other City:	\$312	<input type="text"/>
? Local Arts Councils:	\$4,321	<input type="text"/>
Subtotal:	\$5,899	\$0
Total Unearned Income:	\$11,183	\$0
Total Income:	\$13,109	\$0

Expenses:

Enter the actual expenses incurred, and only include expenses related to the reported project(s). Under "DCA Share," itemize the Total Final Award by budget category to indicate how the funds were spent.

	Original Amt.	Actual Amt.	DCA Share
? Personnel - Administrative:	\$321	<input type="text"/>	<input type="text"/>
? Personnel - Artistic:	\$321	<input type="text"/>	<input type="text"/>
? Personnel - Technical/Production:	\$321	<input type="text"/>	<input type="text"/>
? Outside Professional Services:	\$312	<input type="text"/>	<input type="text"/>
? Space Rentals/Utilities:	\$321	<input type="text"/>	<input type="text"/>
? Equipment Rental/Supplies:	\$321	<input type="text"/>	<input type="text"/>
? Travel/Transportation:	\$321	<input type="text"/>	<input type="text"/>
? Advertising/Promotion/Marketing:	\$3	<input type="text"/>	<input type="text"/>
? Other Expenses:	\$21	<input type="text"/>	<input type="text"/>
Total Expenses:	\$2,262	\$0	\$0
Surplus/Deficit:	\$0	\$0	

Budget Notes:

Other Sources of Income and Expenses
(Provide details for the following fields: Contracted Services, Other Earned Income, Other Unearned Income, Other Federal/State Income, DCA/Other Income, Other City Income, Local Arts Councils, Outside Professional Services, and Other Expenses.):

Unearned Income Sources and Amounts:

? In-kind Support for FY16:

Specify the sources for the amount shown as In-kind Support:



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Draft Preview & Submit

Review every section of the Final Report thoroughly for accuracy and completeness before submission. **Any required missing fields are identified with "Required" in red below.** You may click on the section names within the index to jump to different sections of the Final Report. The "Print Preview" button opens a printer-friendly version of this report. The Final Report must be certified before submission.

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Certification

Agreement:

By checking the box below, you certify that: you are an authorized signatory of the funded organization with the authority to obligate it and with knowledge of the information contained herein; the Cultural Development Fund Award was spent as detailed in the Grant Agreement, Scope Revision, and/or Addendum, as applicable; the information presented within or as a supplement to this form is accurate and free of misrepresentations and material omissions; the funded organization releases the City of New York, including its officials and employees, with respect to damages to property or other claims in connection with the materials submitted herewith.

"I certify that the information entered in this report is correct and complete to the best of my knowledge."

Yes, I so certify.

I certify that the information entered in this report is correct and complete to the best of my knowledge. **Yes, I so certify.**

CANCEL **SUBMIT DRAFT**