



**SEMINOLE CULTURAL ARTS COUNCIL  
FINAL GRANT REPORT FORM  
FY 2008-2009**

***You must return this Final Grant Report Form to SCAC no later than sixty (60) days after the completion of your project. Failure to return this form by that time will deem your organization ineligible for future grants from the SCAC.***

**You may mail this form to:  
Seminole Cultural Arts Council  
P.O. Box 180086  
Casselberry, FL 32718-0086**

**OR  
E-mail it to: [grants@seminoleculturalarts.org](mailto:grants@seminoleculturalarts.org)**

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**Organization:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Grant Category:** \_\_\_\_\_

**Grant Amount Funded** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please provide complete and accurate answers to the following:**

1. Date project began: \_\_\_\_\_ Date project ended: \_\_\_\_\_

2. Total Cost of Project: \$ \_\_\_\_\_ Amount of Grant Award: \$ \_\_\_\_\_  
(Please Note: Any unused grant funds must be returned to SCAC)

3. Briefly describe your project - What did you do? When did you do it? Where did you do it? (Use an attached sheet if more space is needed).

4. Did you have to change any aspect of the project as originally designed?  
\_\_\_\_YES \_\_\_\_NO If yes, briefly explain.

5. Did the project start on the date projected in the proposal?  
\_\_\_\_YES \_\_\_\_NO If no, briefly explain why was there a delay?

6. Briefly explain the organization's use of the grant monies, for programs, projects, other activities funded, and summarize the impact of this grant to the organization. (Use an attached sheet if more space is needed).

7. Briefly describe your marketing strategy:

8. How did your organization promote State of the Arts License Plates?

9. Do you plan to repeat this project or continue it in some modified version?  
\_\_\_YES \_\_\_NO If yes, when? If no, why not?

10. How many individuals benefited from this project? \_\_\_\_\_  
What was the attendance at the grant project? (If applicable).  
Paid admissions \_\_\_\_\_ + Complimentary admissions \_\_\_\_\_  
=Total \_\_\_\_\_

11. Support Materials: You must attach support materials and submit them with this Final Grant Report. Include copies of reviews, articles, brochures, programs, support letters, etc. Credit to the Seminole Cultural Arts Council must be reflected in your support materials.

12. Provide verification of your SCAC Membership.

Does your organization want information about the "State of the Arts" license plates?  
\_\_\_YES \_\_\_NO

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I certify the above information presents an accurate and complete description of the grant activity within the report dates above.

\_\_\_\_\_  
*Signature of Authorizing Official*

\_\_\_\_\_  
*Typed Name & Title*

\_\_\_\_\_  
Date