

Community-Based Engagement Project

1 Organization Name: _____
2 Subsidiary/Dept. Name: _____
3 Address, Line 1: _____
4 Address, Line 2: _____
5 City, State, Zip+4: _____
6 Contact Name: _____

7 Application #: _____ 8 Award Amount: _____
9 Grant Project Description:

CERTIFICATIONS AND STATEMENT OF ASSURANCES

You are required under the "Additional Terms and Conditions Governing Grants-in-Aid" to submit these Final Reports within thirty (30) days of the project termination date, or no later than January 31, 2020. If you have any questions about these forms please contact the appropriate PCA Program Director at 717-787-6883.

We certify that this final narrative and financial report and included materials is true and correct to the best of our knowledge and belief.

Chairman, President, or Board Member Date _____ Project Director Date

Community-Based Engagement Project

Organization/Subsidiary Name _____

Application # _____

FINAL AWARD BUDGET: MATCHING INCOME

Unless otherwise instructed, your PCA grant award requires a dollar-for-dollar match. In the section below, list other sources and amounts of income used to match your PCA award. **Note:** If your grant award contains federal (NEA) funds, you may not use other federal grants (NEA or other) as part of your matching income.

	Amount
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 Subtotal Matching Income (if required):	=====
9 PCA Award Amount:	_____
10 Total (8+9):	=====

FINAL AWARD BUDGET: EXPENSES

In the section below, itemize program and/or operational expenses to which the grant award was applied, equal to the total PCA award plus "match" amount. Your total expenses should equal line 10 above. **Note:** You may not use PCA grant money for capital expenses or interest payments.

	Amount
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 Total (must equal line 10 above):	=====

**Pennsylvania Council on the Arts
Community-Based Engagement Project Final Report**

List and description of funded activities. Please include the following:

- Project Date(s)
- Project Location
- Attendance
- Describe impact project has made on community served.

All activities must occur between 09/01/19 and 8/31/20.