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- 1 PPA Partner Organization: \_\_\_\_\_
- 2 Organization Name: \_\_\_\_\_
- 3 Subsidiary/Dept. Name: \_\_\_\_\_
- 4 Address, Line 1: \_\_\_\_\_
- 5 Address, Line 2: \_\_\_\_\_
- 6 City, State, Zip+4: \_\_\_\_\_
- 7 Contact Name: \_\_\_\_\_

- 8 Project Discipline: \_\_\_\_\_
- 9 Application #: \_\_\_\_\_ 8 Award Amount: \_\_\_\_\_
- 10 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 September 30 of the funding cycle. If you have any questions about these forms please contact the appropriate PPA Partner Organization for your resident county.

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

\_\_\_\_\_  
Project Director, Chairman, President, or Board Member

\_\_\_\_\_  
Date

Organization/Subsidiary Name

Application #

**FINAL AWARD BUDGET: MATCHING INCOME**

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 <b>Subtotal Matching Income</b> (must equal PCA award amount):	=====
9 <b>PCA Award Amount:</b>	_____
10 <b>Total (8+9):</b>	=====

**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 <b>Total</b> (must equal line 10 above):	=====

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**Pennsylvania Partners in the Arts**

***Program Stream Final Report***

**List and description of proposed activities. (All activities must occur between 09/01 and 08/31 of the funding cycle) Maximum 2500 Characters**