



DC COMMISSION ON THE ARTS & HUMANITIES

INTERIM AND FINAL FINANCIAL REPORT FORM (805)

Prior to receiving the second payment of grant funds and on completion of the grant period, grantees are required to submit the Financial Report Form (805), accompanied by the appropriate supporting documentation (i.e., official payroll ledgers, cancelled checks or bank statements with corresponding invoices and/or official paid receipts).

RESTRICTIONS:

35%/65% RULE: In accordance with the District of Columbia's Office of the City Administrator's recommendation, DCCAH requires that **no more than 35% of the total project expenses be attributed to administration and overhead costs** for all programs other than Grants-in-Aid, and Artist Fellowship Program.

Also note:

- The following grants awards require a 1:1 match: Arts Education Program, City Arts Projects (Organizations Only), Cultural Facilities Projects, Grants-In-Aid, Sister Cities International (Organizations Only);
- Individuals and East of the River recipients are never required to match their grant award;
- The DCCAH grant may not cover food costs, non-related travel or scholarships. See grant program guidelines for complete list of ineligible expenses;
- The DCCAH grant may not cover materials, supplies and equipment purchases over 25% of the award.

INSTRUCTIONS

• COLUMN A - DCCAH GRANT

Enter the actual expenses attributed to DCCAH funds to-date. Organize, label and attach documentation (such as copies of canceled checks, official receipts, etc.). Canceled checks must be photocopied on both sides.

• COLUMN B - MATCH CONTRIBUTION

Indicate the actual expenses of funds other than the DCCAH grant incurred to-date.

• COLUMN C - INCOME/EXPENSES

Indicate total income and expense for the project or organization to-date.

- If your grant exceeds \$10,000, you must document expenditures for 50% of the grant amount.
- If the grant requires a match, you must also document expenditures for 50% of the match amount.
- Do not document expenditures that exceed the total grant and match amount.
- Do not document receipt of matching funds.
- If expenses include artistic fees to yourself, please submit a notarized statement for the amount or copies of cancelled checks written to yourself.
- Note that in-kind contributions may not be used as part of the matching share.
- Grants-in-Aid general operating support grants are not restricted to the 35%/65% percentage restrictions.
- Individuals and East of the River grant recipients do not have to match funds.



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(PLEASE USE ONLY THE SPACE PROVIDED)

- 1. Grantee name:
- 2. Address:
- 3. Phone:
- 4. Email:
- 5. Grant Period:
- 6. Grant Award Number:

REVISED BUDGET CHART			
ORGANIZATION OR PROJECT INCOME	A DCCA Grant	B Match Contribution	C Total AFP, Org or Project Income
GRANTS / CONTRACTS AMOUNT (from Government, Foundations, Corporations, United Way/CFC, etc.) if applicable	\$	\$	\$
INDIVIDUAL DONATIONS		\$	\$
EARNED REVENUE (from events, publications, fees, ticket sales and memberships) if applicable		\$	\$
OTHER (may not include in-kind donations)		\$	\$
TOTAL INCOME		\$	\$
ADMINISTRATIVE & ARTISTIC EXPENSES	DCCA Contribution	Match Contribution	Total AFP, Org or Project Expenses
<i>FOR PROJECT SUPPORT GRANTS Administration expenses may not exceed 35% of total expenses</i>			
PERSONNEL (includes salaries, payroll taxes and fringe)	\$	\$	\$
CONSULTANTS AND NON-ARTISTIC FEES	\$	\$	\$
ADMINISTRATIVE COSTS/OVERHEAD (if exceeds \$1,000, specify in separate narrative)	\$	\$	\$
RENT AND UTILITIES	\$	\$	\$
OTHER (if exceeds \$1,000, specify in separate narrative)	\$	\$	\$
TOTAL ADMINISTRATIVE EXPENSES	\$	\$	\$
<i>FOR PROJECT SUPPORT GRANTS Artistic Fees should be 65% - 100% of total expenses</i>			
PERSONNEL (includes salaries, payroll taxes and fringe)	\$	\$	\$
ARTISTS AND TEACHING ARTISTS	\$	\$	\$
MATERIALS, SUPPLIES, EQUIPMENT	\$	\$	\$
TRANSPORTATION	\$	\$	\$
OTHER (if exceeds \$1,000, specify in separate narrative)	\$	\$	\$
TOTAL ARTISTIC EXPENSES	\$	\$	\$
TOTAL EXPENSES	\$	\$	\$

Column A + Column B < or = Column C

Signature: _____

Date: _____