1819 OGP Final Report - Narrative
Questions

Please note – in response to the challenges many organizations face and will face as a result of the Covid-19 pandemic, we are allowing modifications for reporting on project progress. The Project Challenges section can be used to describe any challenges you have faced during this year including challenges that rose out of the mandatory closing of facilities, rescheduling or cancellation of events, etc.

Program Goals
1. BRIEFLY describe your OGP funded project.

Project Progress and Success
2. What short term and/or long term goals are you working on with this project?
3. What progress did you make toward these goals? Demonstrate using qualitative and/or quantitative information.
4. What was the greatest success during this project in impacting your organization and/or community?

Project Challenges
5. What challenges did you encounter in implementing this project, if any? What helped/would have helped you meet those challenges?

Cultural Equity and Inclusion Statement/Policy/Plan
7. How has the process of creating your organization's Statement, Policy and/or Plan impacted your organization's work? This could include programs and activities, staffing, planning, or any other internal processes or changes. Provide one or more specific examples.
8. For organizations with annual budgets of $1M+ (required to submit a CEI plan), describe the progress you have made toward achieving the goals of your CEI Plan. SKIP THIS QUESTION IF YOU DID NOT SUBMIT A CEI PLAN.
Participation/ Project Reach

9. How many people participated in this project in particular? *Only report the number of people who participated in this OGP grant funded project, not the overall numbers for your organization. If a category count is not applicable, please enter N/A for that category.

   a. Total paid attendance (including public and private performances, events, programs, workshops, classes, lectures, or residencies).

   b. Total free attendance (including public and private performances, events, programs, workshops, classes, lectures, or residencies).

   c. Total attendance in classes/workshops, both paid and unpaid. This should include only classes, workshops, lectures, residencies or other educational events, not performances. (This may be all or part of the numbers you reported in a and b above).

   d. Number of paid staff members who worked on this project.

   e. Number of Paid Artist Partners.

   f. Number of volunteers who worked on this project (including board members, unpaid artists, etc).

10. Did your organization partner with any arts or non-arts organization(s)?

11. Please check all applicable descriptions of the specific communities targeted for service in this project. CHECK ALL THAT APPLY

   - Foster youth or former foster youth
   - Homeless individuals
   - Incarcerated or previously incarcerated individuals
   - Individual artists
   - Individuals of a particular faith (describe below)
   - Individuals with disabilities (describe below)
   - Individuals in residential facilities or institutions
   - Individuals with low income
   - LGBTQ individuals
   - Military veterans/active personnel
   - Recent immigrants
   - General audience/constituency - no group specified
   - Other distinct group (describe below)
Describe as necessary:

b. Specific Age Groups. CHECK ALL THAT APPLY
- Pre-Kindergarten (0-5 years)
- K-12 (6-17 years)
- Young Adults (18-24 years)
- Adults (25-64 years)
- Older Adults (65 plus years)
- General Audience - no group specified

c. Specific Gender. CHECK ALL THAT APPLY
- Female
- Male
- Other (please describe)
- General Audience - no group specified

d. Racial/ethnic groups. CHECK ALL THAT APPLY
- American Indian/Alaskan Native
- Arab/Arab American
- Asian/Asian American
- Black/African/African American
- Hispanic/Latino/a
- Native Hawaiian/other Pacific Islander
- White (non-Hispanic only)
- General Audience - no group specified
Describe as necessary:
Final Report Matching Expenses

Please note – in response to the challenges many organizations face and will face as a result of the Covid-19 pandemic, we are allowing modifications for reporting on project progress and expenses. Enter project expenses for the SECOND YEAR of the grant period. Do not enter your organization's annual budget; only show expenses specific to the grant project. Show how expended were matched in the MATCHING FUNDS column. Reminder: OGP funds cannot be used for catering & hospitality, fundraising, lodging, meals or travel expenses. All OGP grants must be matched at least dollar for dollar with earned or contributed cash support. In-kind matching support is not accepted. For example, if an organization receives a $10,000 grant, the total project costs must be at least $20,000 and the organization must provide at least $10,000 of the project funds from sources other than the Arts Commission.

Click "Next" to Start.

Total Grant Award:

Total Grant Award:

Identify Matching Expenditures

| Request/Match Amount | OGP YEAR 2 FUNDS | YEAR 2 MATCH |

MATCHING EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>OGP EXPENDITURES</th>
<th>MATCHING EXPENSES</th>
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<tbody>
<tr>
<td>A. Administrative &amp; Artistic Salaries, Fees &amp; Fringe Subtotal</td>
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<tr>
<td>B. Marketing</td>
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<td>C. Operations</td>
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<tr>
<td>Category</td>
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<td>D. Fundraising</td>
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<td>E. Professional Development</td>
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<td>F. Programming</td>
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<td>G. Other Expenses</td>
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<td><strong>TOTAL</strong></td>
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**Please provide your source(s) of Matching Funds**

**Provide a detailed list of "Other" expenses in the "Budget Notes" section. All additional notes are optional.**

I certify that the County Grant was matched 1:1 with earned or other contributed income.

☐ Yes
Supplemental Materials

1. IMAGES:
1-2 high quality images illustrating the project to possibly be used for LACAC marketing and promotion of OGP and your work. Images must be at least 300 dpi (dots/pixels per inch) and saved in JPEG format. Title each image with the name of your organization followed by a number (Example: OrgName1, OrgName2, OrgName3). Upload Image 1

Upload Image 2 (optional)

2. AUTHORIZATION FOR USE OF IMAGES
I certify that I have permission from the photographer and the people in the attached photograph(s) to use the photograph(s) for the purposes of publicizing my organization and its County-funded project on the Arts Commission’s Web sites, marketing materials (including brochures, postcards, the Internet) and through distribution to press outlets. I hold harmless the Los Angeles County Arts Commission from any litigation or other claims arising from the use of these photographs.

☐ I certify

3. PROOF OF RECOGNITION
Include one example verifying recognition of Arts Commission support. Grantees are required to recognize support from Los Angeles County by placing the Arts Commission’s logo and credit line on the organization's printed materials and Web site, and listing the Arts Commission among the organization's donors or supporters. Arts Commission logos can be downloaded here. Upload File

4. LETTER OF IMPACT to BOARD OF SUPERVISORS:
Grantees are required to send two letters to their Board Supervisors (Year 1) a letter of acknowledgement, thanking the Board of Supervisors for the grant. (Year 2) a letter providing details about the OGP project and its impact in your community. Letters should be sent on behalf of
the executive director, board chair, or both. They should be sent directly to your County Supervisor. For more details and addresses for Board of Supervisors, visit: https://www.lacountyarts.org/sites/default/files/pdfs/1718_general_terms_and_instructions_final.pdf
Upload a copy of impact letter.

5. PROGRAM LOCATIONS ZIP CODE LIST:
Please provide the zip code of every location where you provided programming or services that were funded by your OGP grant.

__________________________
1819 OGP Final Report Invoice #4

**Organization Account Info**
NOTE ORGANIZATION ACCOUNT INFORMATION AUTOPOPULATES FROM THE USER SETUP FORM. IF THERE ARE CHANGES TO YOUR INFORMATION, MAKE SURE TO UPDATE THAT FORM THEN COME BACK TO THE INVOICE FORM.

Organization Legal Name

Main Address 1

Main Address 2

City

State

Zip Code

Main Email

Website

**Vendor #:**


**Primary Application Contact Information**
Primary Application Contact Name:

Primary Application Contact Phone:

Primary Application Contact Email:
Invoice Amount

I certify that the County Grant was matched 1:1 with earned or other contributed income and that all grant guidelines have been followed.

☐ Yes

Date Submitted

___/___/___ (YYYY/MM/DD)

CERTIFICATION OF ADDRESS, VENDOR AND CONTACT INFORMATION

IMPORTANT: Please review your Vendor Record before certifying. If the name of your organization, vendor number, or address is not correct and you submit this invoice to be processed, SIGNIFICANTLY. To view your Vendor Record - click on the link below and enter your vendor number or organization name:http://camisvr.co.la.ca.us/webven/VendLookup/VendSearch.aspFor questions about updates or edits to your Vendor Record - call County Vendor Services. For address changes, you must contact Vendor Relations Services to update your address before submitting the invoice. Payments are mailed to the address on file with Vendor Relations and not what is submitted in the invoice form. Office Hours: Monday-Thursday 8:00 am - 5:00 pm PST Phone: 323-267-2725

☐ Yes, I CERTIFY, that my address and vendor number is up to date with both the LA County Vendor Relations and LA County Department of Arts and Culture database system.

INVOICE/REPORT PROCESSING TIME AND STATUS UPDATE REQUEST INFORMATION: After completing each section of the report, make sure to click on the green submit button in the dashboard after saving and exiting the invoice and reporting forms. NOTE: If this step is skipped, staff will not be aware that you have completed the report and invoice form. The standard time for receiving payments is UP TO 12 weeks. To speed up the process please ensure you are signed up for Direct Deposit- I’d like to confirm or enroll in direct deposit. To request status of payment you can email the grants staff at grants@arts.lacounty.gov Please make sure to include the name of the organization and the approximate date of when the invoice was submitted in the body of the email when requesting a status on payment.