

Community Impact Arts Grant (CIAG) Annual Invoice and Report

IMPORTANT NOTE: Please email ciag@arts.lacounty.gov to notify Grants Staff that your invoice and/or report has been submitted. Thank you!

PROCESSING TIME and STATUS UPDATE

Please note that while the standard time for receiving payments is up to 12 weeks, during this period it may take longer. Grantees enrolled in direct deposit will receive payments more quickly. Follow these steps to ensure timely payment:

1. Verify that the registered address with your LA County Vendor ID is accurate. Search here by Organization Name and/or Vendor ID No.
2. Need to make an update? Login to your profile to update contact info, including street address and email, by clicking [here](#), and then clicking “Already Registered” to login.
3. To sign up for Direct Deposit (aka Electronic Fund Transfer–EFT), follow the steps outlined on our website.

Why is this important? Grant payments are mailed to the address registered with Vendor Relations, not to the address listed on the invoice form.

If you've made an update to your Vendor Account information, you must also email Grant Staff at ciag@arts.lacounty.gov to update your grantee record with the Department of Arts and Culture.

UPDATES TO PROCESSES IN RESPONSE TO COVID-19

PLEASE INVOICE US NOW! We highly encourage all CIAG grantees to invoice for their current grant award as soon as possible. While our reporting and invoicing deadline is not until June 24, 2020 for CIAG, we highly encourage you to complete your invoice and final report now. REPORTING IS EASIER! Grant report forms have been updated and streamlined. There are fewer questions and less attachments! We hope that these updates will allow organizations to report out on the activities that have taken place during this fiscal year as well as any possible challenges that have resulted in modification of programs or services. INVOICE NOW, REPORT LATER! If you cannot complete reporting, you may opt to submit the Invoice only. By doing so, you commit to completing the final report by no later than June 24, 2020.

Grantee Information

LA County Vendor #:

Verify LA County Vendor Info.: <https://camisvr.co.la.ca.us/Webven/Lookup/VendorSearch>

Organization Account Info.

Organization Legal Name

Main Address 1

Main Address 2

City

State

Zip Code

Primary Grant Contact Info.

Primary Contact Name:

Primary Contact Title:

Primary Contact Email:

I certify that the contact information and address above are consistent with my LA County Vendor account.

☐ Yes

Brief Project Description

BRIEFLY describe your CIAG funded project. Look this up here:

<https://www.lacountyarts.org/funding/community-impacts-arts-grants/about-ciag/about-ciag-grantees>

Invoice Amount

I certify that the aforementioned CIAG grantee will complete the CIAG funded project, as outlined above, by August 31, 2020 and submit the CIAG Final Report by June 24, 2020.

☐ Yes

Authorized Official Submitting Form

Provide the name and title of the authorized official submitting this report. This individual must be a representative of the grantee organization who has the authority to sign legally binding documents on behalf of the organization. By entering their name, the authorized individual certifies that they have reviewed the content of this invoice and certifies that the information contained is true and that the all CIAG Guidelines + Terms and Instructions have and will be followed.

Authorized Official Info.

Name of Authorized Official:

Title:

Email:

Phone Number:

Submission Date

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

Would you like to complete the CIAG Final Report forms now?

If you select YES, proceed to complete the remaining pages of the CIAG Final Report. If you select NO, you have completed invoicing. Please calendar June 24, 2020 as your deadline to complete the CIAG Final Report.

☐ Yes

☐ No

Project Expense Report

Enter your CIAG project expenses for the grant award and for matching funds. Do not enter your organization's annual budget. Use the CASH MATCH column to itemize matching funds and the CIAG AWARD AMOUNT to itemize how grant funds were expended. All CIAG grants must be matched at least dollar for dollar. In-kind matching support is not accepted. Reminder: CIAG Funds cannot be used for catering, meals, hospitality, fundraising, or lodging expenses. with earned or contributed cash support. Example: For a \$10,000 grant award, a CIAG grantee must provide at least \$10,000 in matching funds, totaling to at least \$20,000 in total project expenses.

[Click "Next" to Start.](#)

CIAG Project Budget Expense Detail

	CIAG Award Amount	CIAG Required Match
Grant Award/Match Amount	<input type="text"/>	<input type="text"/>

Personnel/Salary Expenses

	GRANT EXPENSES	MATCH EXPENSES
Artistic	<input type="text"/>	<input type="text"/>
Program (non-artistic)	<input type="text"/>	<input type="text"/>
Fringe Benefits	<input type="text"/>	<input type="text"/>

Project Expenses

	GRANT EXPENSES	MATCH EXPENSES
Advertising, Marketing, PR	<input type="text"/>	<input type="text"/>
Artist Fees - Non Salary	<input type="text"/>	<input type="text"/>
Fees paid to Partner Organization	<input type="text"/>	<input type="text"/>
Other Consultant Fees**	<input type="text"/>	<input type="text"/>
Space Rental	<input type="text"/>	<input type="text"/>
Equipment Rental or Purchase	<input type="text"/>	<input type="text"/>
Facility Fees	<input type="text"/>	<input type="text"/>
Insurance	<input type="text"/>	<input type="text"/>

Honoraria	<input type="text"/>	<input type="text"/>
Printing	<input type="text"/>	<input type="text"/>
Production & Exhibition Costs	<input type="text"/>	<input type="text"/>
Project Materials & Supplies	<input type="text"/>	<input type="text"/>
Other**	<input type="text"/>	<input type="text"/>
GRAND TOTAL EXPENSE	<input type="text"/>	<input type="text"/>
Meets or Exceeds Expectations ?	<input type="text"/>	<input type="text"/>

Budget Expense Explanations

Please provide a list of "other" project related expenses, including consulting fees. As applicable, use this space to provide a breakdown of other expenses.

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

Community Impact Arts Grant Final Report

PROJECT PARTICIPATION + REACH

1. How many people participated in the funded project (not overall organization numbers)? If not applicable, enter zero.

# of Direct Service Clients/Constituents	<input type="text"/>
# of Caregivers	<input type="text"/>
# of Event Attendees (including public and private performances, events, programs, workshops, classes, lectures, or residencies, 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 above.)	<input type="text"/>
# of Paid Staff members who worked on this project	<input type="text"/>
# of Paid Artist Partners	<input type="text"/>
# of Volunteers who worked on this project (including board members, unpaid artists, etc.)	<input type="text"/>

ENGAGEMENT + OUTREACH

2. Check applicable descriptions of the specific communities that have been/will be served by 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)

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

Specific Gender. CHECK ALL THAT APPLY

- ☐ Female
- ☐ Male
- ☐ Other (please describe)
- ☐ General Audience - no group specified

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

If other, including serving a specific neighborhood, city or region, please describe:

3. Discipline(s) of Grant Funded Project. CHECK ALL THAT APPLY

- ☐ Crafts
- ☐ Dance
- ☐ Design Arts
- ☐ Folklife/ Traditional Arts
- ☐ Humanities
- ☐ Literature
- ☐ Media Arts
- ☐ Multidisciplinary
- ☐ Music
- ☐ Opera/Musical Theatre
- ☐ Photography
- ☐ Theatre
- ☐ Visual Arts

Brief Project Description

BRIEFLY describe your CIAG funded project. Look this up [HERE](#)

4. What did you hope to accomplish with this project? What progress did you make toward your goals and objectives? If possible, describe observable outcomes with qualitative/quantitative details.

5. What was the greatest success during this project in impacting your organization and/or community?

Supplemental Materials

ZIP CODE DATA:

Please provide the zip code of every location where you provided programming or services that were funded by CIAG.

LETTER OF IMPACT TO BOARD OF SUPERVISORS:

Grantees are required to send two letters from your executive director, board chair or both, thanking the Board of Supervisors for the CIAG funding and providing details about your CIAG project, your community and the projects impact in your community.

The first letter was due October 31, 2019 and the second letter is due with the final invoice by June 24, 2020.

Letters should be sent directly to your Los Angeles County District ("District") Supervisor ("Supervisor") at the mailing address(es) listed in the CIAG Terms and Instructions, page 5. To confirm your organization's District and Supervisor, please visit <http://rrcc.lacounty.gov/OnlineDistrictmapApp/> and search by address. If your organization serves more than one District, please send letters to each applicable Supervisor.

Certification and Signature

Provide the name and title of the authorized official submitting this report. This individual must be a representative of the grantee organization who has the authority to sign legally binding documents on behalf of the organization. For example, an executive board officer (e.g. President) or an executive staff member with signing authority (i.e. Executive Director or CFO).

By entering their name, the authorized individual certifies that they have reviewed the content of this report and certifies that the information contained in this report is true and correct to the best of their knowledge.

Name of Authorized Official

Title

Contact Phone Number

Contact Email

I Certify

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