

Final Financial Report of Expenditures

Instructions:

- This report **must be submitted within 30 days after your project/program ends.**
- Expenditures must be as documented on your Revised Budget Form submitted to the TAC.
- Expenditures must include the **amount of the grant award plus the grantee's matching cash funds.**

Submit one (1) copy of this report with your final Request for Funds Form and your Grant Evaluation Form.

TAC grantees submit to: Tennessee Arts Commission, 401 Charlotte Avenue, Nashville, TN 37243-0780

Date: _____ Tracking/Application #: _____

Contractor Name (Organization) _____

Expenses

Expense Category	Applicant Cash Match	+	Arts Commission Funds	=	Total Expense
1. Permanent Personnel					
Administrative:	_____		_____		_____
Artistic:	_____		_____		_____
Technical/Production:	_____		_____		_____
2. Contracted Fees and Services					
Administrative:	_____		_____		_____
Artistic:	_____		_____		_____
Technical/Production:	_____		_____		_____
Other:	_____		_____		_____
3. Accessibility:					
4. Space Rental:					
5. Travel:					
6. Marketing:					
7. Remaining Operating Expenses:					
8. Capital Expenditures/ Equipment Acquisitions*:					
9. Total of all Line Items Above:					
	(Total Cash Match Spent)		(Total TAC Grant Funds Spent)		

* Tennessee Arts Commission funds cannot be used in this category.

Income: Match income for awarded TAC grant only.

**Applicant Cash
Match Income**

10. Admissions: _____

11. Contracted Services: _____

12. Other: _____

Contributions

13. Corporate: _____

14. Foundation: _____

15. Other Private: _____

Government

16. Federal: _____

17. State/Regional: _____

18. City/County: _____

19. Existing Funds: _____

20. Total Cash Match Income: _____
(must equal Total Cash Match Spent)

20a. In-kind Contributions

(do not use as match):

21. Total TAC Grant Funds Spent: _____
(No. 9, Middle Column)

22. Total Cash Income: _____
(No. 20 + No. 21)

Certification:

We certify that the above financial report of the above referenced grant contract, supportive material and evaluations are true and correct and that all expenditures were incurred solely for the purpose of the contract.

Chief Authorizing Official (Chair or President of the Board)

Signature: _____

Name: _____ Title: _____

Date: _____

Project Director

Signature: _____

Name: _____ Title: _____

Date: _____