



EMERGENCY ASSISTANCE GRANT EVALUATION

Payment of the final 10% of the grant amount will be awarded upon receipt of a completed Emergency Assistance Grants (CARES funds) Evaluation Form at the end of the project period. Please do not request the final 10% of the grant unless your Request for Payment is accompanied by the evaluation. Failure to submit an Evaluation Form will jeopardize any future funding from the South Dakota Arts Council. An evaluation form is included with the other materials available online at <http://www.artscouncil.sd.gov/grants/manage.aspx>.

Grant Recipient

Name of Organization

Physical Address

Street Address

City

State

Zip Code

Mailing Address*

Street Address

City

State

Zip Code

*If different from physical address

Contact Person (Printed Name)

Email

Phone

Grant Type: **Emergency Assistance Grants (CARES funds)**

Grant Amount: \$ _____

Emergency Assistance Grant funds enabled us to remain operational. Emergency Assistance Grant funds were used to support (check all that apply):

Salary support (full or partial) for one or more staff members

Fees for artists and/or contractual personnel

Facility costs, such as rent and utilities

Plans for Recovery and Resiliency

1. Explain how you plan to continue to change and innovate during and after the COVID-19 health crisis. How will the lessons you learned make your organization stronger in the future?

2. Explain the most important result of receiving Emergency Assistance Grant funds. Were you able to continue to impact your community through the arts programs and/or services that your organization normally provides to the public such as performances, exhibitions, public programs, educational programs, and special events? Were you able to continue to serve underserved populations such as those whose opportunities to experience the arts are limited by geography, ethnicity, economics, or disability?

3. Are you carrying through on plans for financial, administrative, and/or programmatic change to ensure the long-term stability of the organization? How?

Financial Report

Show how you spent the requested emergency relief funds. Your Budget should reflect only the costs covered by the emergency relief funds. Please round all amounts to the nearest dollar.

A. Salary Support: Include salaries, wages, and fringe benefits for personnel, administrative and artistic, who are paid on a salary basis. List each staff position separately. (Funds for contractual personnel and compensation for artists who are paid on a fee basis should be included in Section C.)

EXPENSE	CASH EXPENSE (Grant Funds Spent)
e.g. Salary for (employee/title)	

B. Facility Costs: Include items such as mortgage, rental of space or equipment, and utilities. Provide details of what is included in each line item. The purchase of new equipment is not an allowable expense.

EXPENSE	CASH EXPENSE (Grant Funds Spent)
e.g. (mortgage payment)	

C. Fees for Artists/Contractual Personnel: Include consultant, artist fees, and contractual services. List each position separately. Do not combine positions or use salary ranges.

EXPENSE	CASH EXPENSE (Grant Funds Spent)
e.g. Salary for (contract employee/title)	

Signature of Authorized Official

Printed Name of Authorized Official

Date