



## AGF FISCAL AGENCY final/interim report form

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### Who must submit an AGF Fiscal Agency Final/Interim Report?

All members/organizations for whom the AGF acts as Fiscal Agent must submit a final report on their activities once a project or event is completed and an interim report every six months if projects are long-term. Once a final report is submitted and reviewed, you will receive the remaining 20% of the funds raised **for that project**. Final/interim reports may be submitted throughout the year as projects or phases of projects are completed in order to receive the final 20% of funds raised for long term projects.

#### I. Contact Information:

Applicant Name:

(organization name)

Contact Person:

\_\_\_\_\_

Mailing  
Address:

(street, city, state, zip)

Phone:

\_\_\_\_\_

Fax:

Email:

Amount of Funds Raised:

Will you be continuing in the AGF Fiscal Agency Program for the coming year? ☐ Yes ☐ No

Did you submit a final/interim report for other projects this year? ☐ Yes ☐ No (If yes, when? \_\_\_\_)

*Note: You must complete a final/interim report(s) on project(s) throughout the year in order to receive the final 20% of funds for the project.*

*Final/interim report forms are available from <http://agfgo.org/fiscalagent.htm>*

#### II. Type of Activity (check one):

☐ Individual Project(s)

☐ Organizational Project(s)

**III. Narrative on Activities:** (Please provide a brief narrative on your project or related activities for the past year. Please feel free to use additional sheets if necessary.)

|                                                                                                                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>What was accomplished?</p> <p>How were the funds used?</p> <p>Please include descriptions of any new initiatives brought about by the funds.</p>         |  |
| <p>Describe impact your project or work during the year had on the community.</p>                                                                           |  |
| <p>Describe how you or your organization addressed the following:</p> <p>Success of Project</p> <p>Inclusiveness of Project</p> <p>Need for the project</p> |  |

|                                                                          |  |
|--------------------------------------------------------------------------|--|
| Any collaborations that took place                                       |  |
| Describe any changes from the original project                           |  |
| Please share any wonderful stories related to your work on this project. |  |

|  |  |
|--|--|
|  |  |
|--|--|

#### IV. Budget Summary: Project Revenue

Use N/A (not applicable) if a line item does not apply to your request. "Pending" Funding means you have not heard a decision either way about your request yet. "Secured" funding means your funder has said "yes" to your request. *(Note: Do not include in-kind, i.e. non-cash, contributions in this worksheet. Include all in-kind donations of services and materials in the appropriate expense columns on the next page.)* If more room is needed to detail revenue please provide a budget narrative on a separate sheet of paper.

##### Revenue

##### Subtotal

Earned Income (e.g., ticket sales, workshops, seminars, program sales, etc.)

\_\_\_\_\_

Other Revenue (Please specify):

\_\_\_\_\_

Corporate Support (Please indicate for each funding source, whether the funding is Pending or has been Secured):

\_\_\_\_\_

|  |                                                       |  |                                                       |
|--|-------------------------------------------------------|--|-------------------------------------------------------|
|  | <input type="checkbox"/> P <input type="checkbox"/> S |  | <input type="checkbox"/> P <input type="checkbox"/> S |
|  | <input type="checkbox"/> P <input type="checkbox"/> S |  | <input type="checkbox"/> P <input type="checkbox"/> S |

Foundation Support (Please indicate for each funding source, whether the funding is Pending or has been Secured):

\_\_\_\_\_

|  |                                                       |  |                                                       |
|--|-------------------------------------------------------|--|-------------------------------------------------------|
|  | <input type="checkbox"/> P <input type="checkbox"/> S |  | <input type="checkbox"/> P <input type="checkbox"/> S |
|  | <input type="checkbox"/> P <input type="checkbox"/> S |  | <input type="checkbox"/> P <input type="checkbox"/> S |

Other Private Support (Please indicate for each funding source, whether the funding is Pending or has been Secured):

\_\_\_\_\_

|  |                                                       |  |                                                       |
|--|-------------------------------------------------------|--|-------------------------------------------------------|
|  | <input type="checkbox"/> P <input type="checkbox"/> S |  | <input type="checkbox"/> P <input type="checkbox"/> S |
|  | <input type="checkbox"/> P <input type="checkbox"/> S |  | <input type="checkbox"/> P <input type="checkbox"/> S |

Government Support (Please indicate for each funding source, whether the funding is Pending or has been Secured):

\_\_\_\_\_

|                |  |       |
|----------------|--|-------|
| <b>Federal</b> |  | _____ |
| <b>State</b>   |  | _____ |
| <b>Local</b>   |  | _____ |

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**Cash (your own money):**

\_\_\_\_\_

**TOTAL OF PROJECT REVENUE:**

\_\_\_\_\_

## V. Budget Summary: Project Expenses

Please break down expenses under each category using lines provided. Use N/A (not applicable) if a line item does not apply to your request. In-Kind means donated services or materials that you or others provide. If more room is needed to detail expenses please provide a budget narrative on a separate sheet of paper.

| <u>Expenses</u>                                            | <u>Subtotal</u> | <u>In-Kind</u> |
|------------------------------------------------------------|-----------------|----------------|
| <b>Administrative Personnel:</b>                           |                 |                |
|                                                            |                 |                |
| <b>Teaching Personnel:</b>                                 |                 |                |
|                                                            |                 |                |
| <b>Other Fees and Services:</b>                            |                 |                |
|                                                            |                 |                |
| <b>Project Materials</b> (e.g. equipment, books, etc.):    |                 |                |
|                                                            |                 |                |
| <b>Travel</b> (e.g., transportation, lodging, meals, etc): |                 |                |
|                                                            |                 |                |
| <b>Space Rental:</b>                                       |                 |                |
|                                                            |                 |                |

|                                                  |       |
|--------------------------------------------------|-------|
| <b>Marketing:</b>                                | _____ |
|                                                  |       |
| <b>Other Project Expenses (Please Identify):</b> | _____ |
|                                                  |       |

What percent of your annual operating budget does this project(s) represent? : \_\_\_\_\_

**TOTAL OF PROJECT EXPENSES (Must EQUAL Total of Project Revenue):** \_\_\_\_\_

Please present a balanced budget – Income must equal expenses.

## VI. Personnel and Volunteer Information

Number of paid positions \_\_\_\_\_  
 Number of volunteers \_\_\_\_\_  
 Number of hours volunteered \_\_\_\_\_

## VIII. Attendance – Number of people attending or participating in programming, demonstrations, or exhibits.

|                |            |       |               |       |      |       |                                      |       |
|----------------|------------|-------|---------------|-------|------|-------|--------------------------------------|-------|
| <b>Adult</b>   | Full Price | _____ | Reduced Price | _____ | Free | _____ | Fundraising/Performance/<br>Benefits | _____ |
|                |            | -     |               |       |      | -     |                                      |       |
| <b>Student</b> | Full Price | _____ | Reduced Price | _____ | Free | _____ | Fundraising/Performance/<br>Benefits | _____ |
|                |            | -     |               |       |      | -     |                                      |       |
| <b>Other</b>   | Full Price | _____ | Reduced Price | _____ | Free | _____ | Fundraising/Performance/<br>Benefits | _____ |
|                |            | -     |               |       |      | -     |                                      |       |

## VIII. Acknowledgement of AGF Fiscal Agency Sponsorship

As a participant in the AGF Fiscal Agency program, you are required to display the AGF logo as a formal sponsor of your events and projects in all promotional materials (logo is available

online at: ). **Include promotional material and examples of how AGF was cited when submitting this report.**