

FINAL NARRATIVE REPORT FOR ALL GRANTEES

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Please type all information.

City of Los Angeles, Dept. of Cultural Affairs
CULTURAL GRANTS PROGRAM OFFICE
201 N. Figueroa Street, Ste. 1400 LA, CA 90012
Phone: (213) 202-5566 Fax: (213) 202-5515

Grantee Name Fiscal Year Grant \$ Grant Amount

Address City State Zip Code

Contact Person Name Contact Person Phone Authorized Signature

1. **Please indicate the City Council District(s) your project served by checking the areas that apply:**
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
2. **Please list the addresses of each location where your project took place (attach separate page if necessary).**
3. **Please specify the following for the grant-supported project only. Report either your final presentation or the accumulation of multiple workshops and presentations:**

Number of attendees: _____

Determined by: Headcount Sign-in Survey/Date of Survey Other (specify):

Substantiation of statistics/survey, my records are: Attached Not Attached

Audience by gender (please estimate the percentages): _____ Women _____ Men

Audience by ethnic heritage (please estimate the percentages):

_____ African _____ Asian _____ Latino/Hispanic _____ European
_____ Middle Eastern _____ Native-American _____ Pacific Islander Other(s): _____

Program presented in multiple languages? YES NO

If yes, which languages: _____

Audience by age (estimate the percentages): younger-13 13-18 18-35 35-65 65 – older

Was the site accessible to physically challenged attendees? YES NO

Was the program interpreted for the hearing impaired? YES NO

Could any of the special constituencies listed below be counted among the audience? YES NO

If yes, estimated the number (not percentages) of members in those categories you could identify:

- ___ Adult/Juvenile Corrections Residents ___ Artists ___ Families
- ___ Economically disadvantaged persons ___ Gays/Lesbians/Bisexuals/Transgenders
- ___ Homeless Persons ___ Low Income Persons ___ New Arrivals in the United States
- ___ People in Addiction or Rehabilitation Groups ___ People with Chronic Illnesses (HIV, Cancer...)
- ___ Persons with Physical or Mental Disabilities ___ Youth ___ At Risk Youth
- ___ Seniors ___ Tourists ___ Women
- ___ Other (specify): _____

