

**ROCKLAND COUNTY LEGISLATURE CULTURAL ARTS PROGRESS REPORT - July 1, 2024 to December 31, 2024**

**AGENCY:** \_\_\_\_\_

**\*\*\* Progress reports will not be reviewed unless the Agency name is listed above. \*\*\***

1.	<b>Copy and paste the timeline of activities listed in your 2024 application Section C-2.3 for July 1, 2024 through December 31, 2024.</b>	<b>List the completed activities from July 1, 2024 through December 31, 2024.</b>
<b>2024 Application</b>		<b>Progress Report of Activities from 2024 Application</b>
2.3 Timeline - List timeline of activities during the grant period. July 1, 2024 thru December 31, 2024		Completed Activities: July 1, 2024 thru December 31, 2024

**If activities were not completed, please explain the reason/s the activities were not completed and expected date of completion.**

<b>2. Based on Section D1 and D2 of your application, what are the estimated number of proposed events and number of individuals expected to attend programs?</b>	
<b>2024 Application - D1</b>	<b>Progress Report of Activities from 2024 Application</b>
What is the estimated number of proposed events? _____	How many proposed events occurred from <b>July 1, 2024 through December 31, 2024?</b> _____ Does this meet the expected Projections?      YES      NO
<b>2024 Application - D2</b>	<b>Progress Report of Activities from 2024 Application</b>
Total estimated number of individuals who will be attending programs. _____	A. How many individuals attended your organization's programs from <b>July 1, 2024 through December 31, 2024?</b> _____ B. Does this meet the expected Projections?      YES      NO

**If not please explain why:**

<b>3. Based on Section D3 of your 2024 Application, what was the number of artists directly involved?</b>	
<b>2024 Application - D3</b>	<b>Progress Report of Activities from 2024 Application</b>
A. Number of <b>Artists</b> directly involved: _____ B. Number of <b>Rockland County Artists</b> directly involved: _____	A. How many <b>Artists</b> were directly involved in your organization's programs from <b>July 1, 2024 thru December 31, 2024?</b> _____ B. How many <b>Rockland County Artists</b> were directly involved in your organization's programs from <b>July 1, 2024 thru December 31, 2024?</b> _____ C. Does this meet the expected projections?      YES      NO

**If not please explain why:**

**SUPPORTING DOCUMENTATION CONFIRMATION**

AGENCY NAME:	DUE DATE:
AGENCY PHONE:	DATE SUBMITTED:
INDIVIDUAL SUBMITTING:	PHONE:
TITLE:	EMAIL:

Enclosed are the following **REQUIRED** attachments:

**\*\* Required Financials Need To Be Current – If Your Fiscal Year Is Not Annual You Must Provide Most Current Available And Provide Expected Date Of Updated Financials. \*\***

By checking the boxes below, you are confirming that the documents are being provided now or have previously been uploaded to the portal. Be sure to label documents correctly (see Guide Sheet).

<input type="checkbox"/>	<b>2023 IRS Form 990 (or most recent)</b>
<input type="checkbox"/>	<b>2023 NYS filings (or most recent)</b>
<input type="checkbox"/>	<b>2023 audited financial statements, if applicable, or 2023 profit and loss statement (or most recent)</b>
If not yet completed, the <b>expected date of 2023 financials:</b>	
<input type="checkbox"/>	<b>Current liability insurance policy naming the County of Rockland as additionally insured</b>
<input type="checkbox"/>	<b>List of Board of Directors</b>
<input type="checkbox"/>	<b>IRS Determination Letter confirming 501 (c) (3) tax status</b>
<input type="checkbox"/>	<b>Conflict of Interest policy</b>
<input type="checkbox"/>	<b>Non-Discrimination policy</b>
<input type="checkbox"/>	<b>Diversity, inclusion, equity statement (if applicable)</b>
<input type="checkbox"/>	<b>W9</b>

I certify and represent to the Rockland County Legislature as follows:

- I have the authority to sign on behalf of this organization.
- I am completely familiar with all information contained in this document and attachments.
- This document and all attachments are complete and accurate and that no false, fictitious, fraudulent, or inaccurate information is being submitted.
- The organization has not partaken in any prohibited political activities and does not participate in or intervene in (including the publishing and distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.
- The information contained herein and attached to this document is true and correct to the best of my knowledge.
- I hereby acknowledge that any funding received from the County of Rockland must be expended as represented in our proposal and according to any requirements set by the County.
- **I understand if I do not complete the scope of services contained in our application, funding may be reduced accordingly.**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**The electronic signature appearing herein was inserted by the individual whose name appears above.**