



Organization Final Report

CONTACT INFORMATION

Date

BVA Organization

Contact and Title

Organization

Mailing Address

City, State, Zip

Contact's Phone

Contact's Email

BVA Volunteer

Name and Title

Company

Mailing Address

City, State, Zip

Phone

Email

BVA Project

1. Briefly describe your BVA Project.

2. List all representatives from the organization that participated in the BVA Project. Please include names and titles.

NARRATIVE

Please use the form below or respond to the questions in a separate document to be attached.

1. Please review the original project agreement and comment on the BVA volunteer's efforts for each identified goal. Did the project extend beyond the original goals? If yes, how?

2. What were the most productive aspects of this BVA Project? Describe any outcomes of the project that helped to build the capacity of your organization.

3. Describe any difficulties experienced in this project.

4. As a result of this BVA project, what will your organization or group attempt to do differently?

5. Will your organization or group seek additional technical assistance, BVA or otherwise, as an outcome of this project? If so, please describe.

6. Please share any other feedback or comments regarding your BVA experience.

BVA VOLUNTEER SERVICE

1. Has this BVA volunteer deepened his/her engagement with your organization beyond the BVA project (i.e. joined the Board of Directors, advisory board or special committee)? Please describe.

2. Please check the estimated hours contributed by the BVA volunteer to the consulting project:

- 10
 15
 20
 25
 30
 35
 40

- 45
 50
 55
 60
 65
 70
 75

- 80
 85
 90
 95
 100
 Other _____

3. Please estimate the dollar value of any services/in-kind support (other than time) contributed or generated by the BVA volunteer. Please describe. (This would include printing, copying, materials, etc.)

\$ _____

4. Please indicate the dollar value of any cash contributed by the BVA Volunteer, his/her company, or as a direct result of his/her involvement.

\$ _____ BVA Volunteer
 \$ _____ BVA Volunteer’s Company
 \$ _____ Other
 (Please describe) _____

EVALUATION

Please check the boxes that most accurately reflect your experience of the completed BVA Project and the BVA process.

Ratings: 1 = Excellent 2 = Good 3 = Fair 4 = Poor N/A = Not Applicable

Please evaluate the:	1	2	3	4	N/A
1. Application process (discussions, advice, guidance, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Application form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Project Agreement form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. BVA planning session with BVA staff and volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Volunteer’s service for BVA Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Accuracy and content of the BVA Volunteer Final Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. BVA Final Report forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Overall quality of volunteer service provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Overall satisfaction with the BVA program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AUTHORIZATION

BVA Organization

 Signature

 Date

SUBMISSION

The organization must submit a completed BVA Organization Final Report to the Greater Hartford Arts Council within four weeks of the completion of the BVA Project. Please save the report and its attachments for your records and email all documents to Ashley Sklar at asklar@letsgoarts.org.