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Kentucky Peer Advisory Network FY2017 Final Report					
Deadline: This final report must be completed by the applicant and returned to the Kentucky Arts Council by Dec. 15 (fall) or June 15 (spring). Consultant payment is contingent upon receipt.					
1. Org./Artist Name:					
2. Advisor Name:					
3. Contact Person:					
4. Contact's Email:		5. Conta	ct's Phone:		
5. Consultancy Dates:	Begin Date: End Date:				
6. "In-person" engagemer	nt (participants in consultancy)	Youth:	Adult:		
7. Number of artists partic	cipating:				
8. Advisor Rating:					
Adv	isor's preparation				
Adv	isor's expertise				
Adv	isor's responsiveness to the artist's	s or organization's	needs		
Res	ponse and participation of people	involved in consulta	ancy		
Valu	ue of the advisor's recommendation	ns			
Con	sultancy's overall effectiveness				
Valu	ue of the consultancy to your orgar	nization			
EXPENSE REPORT					
Amount paid to the advisor for mileage expense?		\$			
Amount paid to the advisor for lodging expense?		\$			
Amount paid to the advisor for meal expense?		\$			
Amount paid to the advisor for incidental expenses?		\$			
TOTAL REIMBURSEMENT MADE TO THE ADVISOR		\$			
	tatements and enclosures are true and RED ink and return to the Kentucky				
Preparer's Signature:			Date:		
All signatures must be in RED ink.			Title:		
Type Name:					

1.	Narrative Section What was the purpose of the consultancy?
2.	What were the conclusions reached at the end of the consultancy?
3.	List three benchmarks that the organization/artist has decided to work towards as a result of this consultancy:
4.	What do you think was the most productive aspect of the consultancy?
5.	What could have been better?
6.	Do you think the consultancy will help you achieve your goals?