

# Final Report Tips FY2026

n m | a  
new mexico arts  
public support for the arts

# Final Invoice

## Final Invoice

- **NM Arts Contract Award Amount (Populated on Form)**
- **Enter Amount Requested this Invoice**
- **Enter Total Previously Requested**
- **NM Arts Contract Amount Remaining** should be zero (\$0.00).

*\*Please use whole numbers.*

## Itemized Invoice

- List dollar amounts on appropriate line items for the current invoice.
- Amounts by line item should be the amount of **New Mexico Arts funds** spent for this invoice and not your total expenditures.
- If you are only submitting a Final Invoice, the line items listed here should match your Final Fiscal Report (FFR).

# Final Fiscal Report

- List the Actual Income and Expenses for your funded program(s).
- The line-item totals in your FFR must match the total of all submitted invoices by line item.
- Download the Final Fiscal Report (FFR) , enter your data, save, and upload the file. See [Manage Your Grant](#)
- Name your uploaded file: YourOrganizationName\_FFR
- FFR figures should align with your Final Narrative & Program Data., i.e. Private Support corresponds though is not limited to Volunteer Data in questions 14a & 14b, and Salaries and Benefits correspond to Staff Data questions 15a & 16b.



### Final Fiscal Report

Please list **actual** income & expenses for the NMA Funded Program(s)

**Please round figures to the nearest dollar.**

<b>Organization Name:</b>			
<b>INCOME</b>	Cash Income	NM Arts	In-Kind
A. Revenue - Earned Income			
1 Admissions			
2 Contracted Services Revenue			
3 Other Revenue			
B. Support			
1 Corporate Support			
2 Foundation Support			
3 Other Private Support			
4 Government Support			
a Federal non-NEA			
b National Endowment for the Arts			
c State/Regional, not NM Arts			
d Local			
C. Other Income			
D. Subtotal Cash Income	\$0		\$0
E. New Mexico Arts Contract Amount			
<b>F. Total Income</b>	<b>\$0</b>		

<b>EXPENSES</b>	Expenses	NMA Share	In-Kind
	<small>do not include NMA</small>		<small>= Equals In-kind Income</small>
A. Personnel			
1 Administrative Salaries & Benefits			
2 Artistic Salaries & Benefits			
B. Contracted Fees & Services			
1 Administrative			
2 Artistic			
C. Travel			
D. Marketing & Public Relations			
E. Remaining Operating Expenses			
1 Mortgage (NMA cannot be mortgage)			
2 Rent			
3 Supplies			
4 Other (phone, postage, etc.)			
F. Total Each Column	\$0	\$0	\$0
G. Total Cash Expenses	\$0		

Income minus Expenses \$0                      \$0                      \$0

4/16/2026

#### Actual Total Income\*

Please enter the amount on line F. **Actual Total Income** from your

\$

#### Actual Total Cash Expenses\*

Please enter the amount on line G. **Actual Total Expenses** from your

\$

#### Actual Total In-Kind\*

Please enter the amount on line F. **Actual Total Each Column** for the

Note that your actual total In-Kind Income reported in your Final F

\$

**Actual Total Income\*** must match figure listed on FFR.

**Actual Total Cash Expenses\*** must match figure listed on FFR

**Actual Total In-Kind\*** must match figure listed on FFR

# Expenses

EXPENSES	Expenses <small>do not include NMA</small>	NMA Share	In-Kind <small>= Equals In-kind Income</small>
A. Personnel			
1 Administrative Salaries & Benefits			
2 Artistic Salaries & Benefits			
B. Contracted Fees & Services			
1 Administrative			
2 Artistic			
C. Travel			
D. Marketing & Public Relations			
E. Remaining Operating Expenses			
1 Mortgage (NMA cannot be mortgage)			
2 Rent			
3 Supplies			
4 Other (phone, postage, etc.)			
F. Total Each Column	\$0	\$0	\$0
G. Total Cash Expenses	\$0		

Income minus Expenses \$0                      \$0                      \$0

4/16/2026

## Personnel Expenses

List all administrative and artistic personnel costs for the funded program.

1. **Administrative Salaries and Benefits:** All paid full- or part-time W2 salaried employees.
2. **Artistic Salaries and Benefits:** all paid full or part-time W-2 salaried employees.

## Contracted Fees & Services

List all contracted fees and services related to the funded program.

1. **Administrative Contracted Fees and Services:** Includes consultants, accountants, secretarial support, a contracted project director (1099 contractors)
2. **Artistic Contracted Fees and Services:** Includes artists, actors, printers, designers, etc. (1099 contractors)

If you list Full-Time and/or Part-Time Employees under Program Data, you will have figures for Administrative and/or Artistic Salaries in the Cash and/or NMA Share Column(s).

**15a. Staff Data: Full-Time Employees** *How many full-time employees worked on your funded programs and services? If none enter 0.*

**16a. Staff Data: Part-Time Employees\*** *How many part-time employees worked on your funded programs and services? If none enter 0.*

# In-Kind

Please list Total In-Kind for the funded program; this includes goods or services provided to an organization at no charge or at a reduced rate. In-Kind may be used towards the required match.

Any in-kind listed as income should also be listed as expenses on the appropriate expense line item. In-kind income must equal in-kind expenses.

## How do you calculate In-Kind?

- Volunteer Hours are listed as (other private support) and are calculated at current market wages, at least the federal minimum wage (7.25/hr.) unless the volunteer is donating professional services, which are calculated at professional rates and should be listed as “Corporate support.” See volunteer hours in Program Data.
- Donated materials and donated space (rental) directly involved with the proposed program should be calculated at fair market value.
- \*Do not include board members’ usual duties such as board meetings, organizational retreats, and committee meetings as in-kind support.

### Final Fiscal Report

Please list **actual** income & expenses for the NMA Funded Program(s)

**Please round figures to the nearest dollar.**

Organization Name:			
INCOME	Cash Income	NM Arts	In-Kind
A. Revenue - Earned Income			
1 Admissions			
2 Contracted Services Revenue			
3 Other Revenue			
B. Support			
1 Corporate Support			1500
2 Foundation Support			
3 Other Private Support			7500
4 Government Support			
a Federal non-NEA			
b National Endowment for the Arts			
c State/Regional, not NM Arts			
d Local			1500
C. Other Income			
D. Subtotal Cash Income	\$0		10,500
E. New Mexico Arts Contract Amount			
F. Total Income	\$0		

EXPENSES	Expenses	NMA Share	In-Kind
	do not include NMA		= Equals In-kind Income
A. Personnel			
1 Administrative Salaries & Benefits			
2 Artistic Salaries & Benefits			
B. Contracted Fees & Services			
1 Administrative			3750
2 Artistic			3750
C. Travel			
D. Marketing & Public Relations			
E. Remaining Operating Expenses			
1 Mortgage (NMA cannot be mortgage)			
2 Rent			1500
3 Supplies			1500
4 Other (phone, postage, etc.)			
F. Total Each Column	\$0	\$0	10500
G. Total Cash Expenses	\$0		

Income minus Expenses \$0                      \$0                      \$0

4/16/2026

### In-Kind Income

List the In-Kind support for the funded program including, but not limited to:

- **Corporate Support:** Contributed goods/services from businesses.
- **Other Private Support:** Contribution of individuals which may include volunteer hours for funded activities.
- **Government Support:** may include in-kind support from a government entity.

### In-Kind Expense

List the In-Kind support for the funded program, determine the nature of the contribution including, but not limited to:

Contracted Fees and Services

1. Administrative: Duties being performed at no cost or a discounted rate.
2. Artistic: Artists donating all or a portion of their time

**\*In-Kind Revenue should equal In-Kind Expense.**



# Final Narrative

- Please describe the New Mexico Arts-funded programs and services as outlined in your Schedule of Programs and Services in your Grant Agreement –See Executed Grant Agreement.
- If the programs didn't happen as planned, please discuss in your narrative and describe any program changes in your narrative.
- Please include only the funded programs and services; do not include activities outside of your grant period or activities that are subject to funding restrictions.

# Project Activity Location

Venue Physical Address	Venue City	Venue State	Venue Zip Code	Latitude	Longitude	Number of days on which activities occurred at this venue	Number of locations
<u>DO NOT PROVIDE LOCATION/VENUE NAME</u>				<u>ONLY IF NO PHYSICAL ADDRESS PROVIDED</u>	<u>ONLY IF NO PHYSICAL ADDRESS PROVIDED</u>		ADD ADDITIONAL LOCATIONS AS NEEDED
text	text	state abbreviation (2 char)	5 digit number	Number with six decimal places (DD.DDDDDDD)	Number with six decimal places (-DD.DDDDDDD)		Number
123 New Mexico Street	Santa Fe	NM	87505			10	1
222 Chile Street	Albuquerque	NM	87102			5	2
820 N. Silver Street	Silver City	NM	88061			2	3
	Silver City	NM	-----	32.81744969	-108.3096447	1	4

- The PAL captures geographic information for your funded projects only.
- Download the Project Activity Location (PAL) Form, enter your location data, save, and upload the file.
- **Number each location in the last column.**
- Please name your file: YourOrganizationName\_PAL
- Make sure that counties served reflected in Program Data align with cities listed on the PAL.

# Program Data

Select the answers that best apply to your funded programs and services. Refer to your last submitted Final Report to assist with appropriate selections.

# ADA Compliance

These are organization-based questions that extend beyond funded programs. Please provide information regarding the accessibility of your programming.