



## FY20 COVID-19 Response Grant Programming Change Form

The outbreak of the novel coronavirus “COVID-19” has resulted in President Trump and the CDC issuing guidelines that recommend cancelling gatherings of 50 or more people for the next 8 weeks. Additionally, on March 14, 2020, Governor Kemp issued an Executive Order declaring a Public Health State of Emergency for the State of Georgia. GCA understands that grantees will be impacted and may not be able to move forward with operations and programming. In light of these circumstances, GCA is allowing FY 20 Grantees to submit an amendment to change how Grantees will use the grant funding.

**INSTRUCTIONS:** Please respond to only the questions that pertain to your contract amendment request. Project and Partner grantees contact [Tina Lilly](#) with questions. Arts Education Program and Vibrant Communities grantees contact [Allen Bell](#) with questions. **SUBMIT COMPLETED FORMS BY MAY 14, 2020 TO DELILAH JOHNSON-BROWN at [dbrown@gaarts.org](mailto:dbrown@gaarts.org).**

Date:

Organization Name:

Contact Person:

Phone:

Email:

Grant Type (If you have multiple GCA contracts, please fill out one form per grant contract)

Partner Grant

Arts Education Grant

Project Grant

Vibrant Communities Grant

### **Rescheduled Program(s)**

If you are postponing your program due to COVID-19 and anticipate utilizing all awarded GCA funds provide the name of the rescheduled program(s) and the new anticipated date. Note: If you do not know the exact date, provide the month only. This date must be prior to December 31, 2020. It is appropriate to simply state the “second half of a season is rescheduled until x”, all programs between date x and y, or name a specific program or event.



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### Program Changes

If you are making changes to a program due to COVID-19, including changing the artist/s that will be presented, changing a large festival into smaller events, canceling only a portion of a larger project, etc., answer the following questions.

1. Briefly describe the changes to the grant funded program(s):
  
  
  
  
  
  
  
  
  
  
2. Provide a high level amended budget, indicating how you intend to utilize your remaining GCA grant funds to support this changed project and how this is different from how the funds were originally intended to be used. A detailed budget will be submitted with the Final Report. GCA grant funds match requirements will remain in effect.

Example Budget:

Expenses

Artistic Staff: \$2000

Artist Fees: \$4000

Marketing: \$1000

**Canceled Program(s)/Repurpose GCA Grant Funds (Arts Education, Vibrant Communities and Project Grants)** If you are forced to cancel a program due to COVID-19 and rescheduling is not possible, please answer the questions below.

1. What program(s) have been canceled? (It is appropriate to simply state the second half of a season, all programs between date x and y, or name a specific program or event)



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2. What is the total dollar amount of GCA grant funds that have been expended to date on the canceled program(s)?
  
3. Will you be canceling and releasing unused GCA grant funds?
  - a. If Yes, provide that amount here:
  - b. If NO, provide a high level amended budget indicating the total remaining GCA grant dollars and how you intend to utilize those grant funds through the remainder of the year to support arts associated operating expenditures. A detailed budget will be submitted with the Final Report. GCA grant funds match requirements remain in effect.

**Example Budget:**

Expenses

Expended GCA grant funds  
to date: \$2000  
Remaining GCA grant  
funds: \$3000  
Salaries: \$3000

### **Canceled Program(s) Impacting Partner Grant Strategic Goals**

If you are unable to reschedule a program due to COVID-19 and the cancellation(s) change the strategic goals set out in your GCA grant contract, please answer the question below.

1. What program(s) have been canceled? (It is appropriate to simply state the second half of a season; all programs between date x and y; or name a specific program or event)
  
2. Why are you unable to reschedule?



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3. Briefly describe how your strategic goals have changed as a result.

IN WITNESS THEREOF, the undersigned do hereby accept the terms and conditions as set forth in the above Agreement.

RECIPIENT

GEORGIA COUNCIL FOR THE ARTS

\_\_\_\_\_  
Authorizing Official Signature

\_\_\_\_\_  
Executive Director

Typed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title & Date: \_\_\_\_\_

FEIN: \_\_\_\_\_

DUNS#: \_\_\_\_\_