

Community Arts Grants

Administered by Greene County Council on the Arts for Greene, Columbia, and Schoharie Counties

Greene County Council on the Arts, PO Box 463, Catskill, NY 12414
Phone: 518-943-3400 Fax: 518-943-5502
Website: www.greenearts.org

Decentralization IA Program Final Report Form 2014

Please return this FINAL REPORT form no later than 30 days after the end of your program, or by January 15, 2014 whichever comes first. Please include complete documentation. Your consideration for future funding depends upon completion and timely submission of this form.

Name of Individual Artist: _____

Address: _____

_____ Phone: _____

Report Completed By: _____ Date _____

(Name)

- 1. Please describe briefly the project for which you received funds.** Include the beginning and ending dates of the project and the extent to which the goals were reached. If the completed project differed from that stated in your contract with the Community Arts Grant Fund, please explain.
- 2. Number of people involved in/impacted by your project:**
Youth: _____ Other Individuals: _____
Participating Artists: _____ Volunteers: _____
- 3. Please describe briefly how the community was engaged in your creative process and/or reflected in your completed work.**
- 4. What did these funds provide that would not have been possible without such aid**
- 5. Do you have any suggestions for improvement or changes in this grant program?**

❖ **PLEASE COMPLETE THE REVERSE OF THIS REPORT ALSO.**

DEC FINAL REPORT FINANCIAL INFORMATION

INCOME

Corporate/Business _____
Foundations _____
Individual Contributions _____

Federal (specify) _____
State (specify) _____
Local Govt. (specify) _____
Other (specify) _____

EXPENSES

Artists fees (applicant) _____
Consultants/ _____
Technical assistance _____

OTHER EXPENSES

Promotion _____
Remaining Operating _____
Supplies & Materials _____

Space Rental _____
Travel _____

TOTAL INCOME \$ _____ (A)

TOTAL EXPENSES \$ _____ (B)

In-Kind Contributions

On no more than one sheet of paper, list all in-kind contributions by donator, type of donation, and estimated value.

Total Estimated Value of In-Kind Contributions: _____

I hereby certify that _____ has performed the service or activity stated in its agreement with the Community Arts Grants Fund and has done so during the time period agreed upon and in accordance with the approved budgets.

Signature _____ Title _____