



## Final Report

Please complete and submit this form once project or year is complete. If additional funds are due, final payment will be forwarded to you upon receipt of this completed report and the related work samples about the project.

**Organization or Grant Recipient:** \_\_\_\_\_

**Please type or print neatly. Attach additional pages as requested.**

Organization/Event/Project Title (as stated in application): \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Please attach a piece of paper with the answers to these questions:**

1. Project description (100 words or less)
2. Provide a financial summary of how the community funds were used. Cover Auction grant recipients should use the Financial Report on the following page.
3. Has the project met its objectives? If so, how? If not, why not?
4. What were the successes and challenges you experienced in doing this project?
5. Describe the results you achieved because of the funds received?
6. How did/does your project serve Boise?
7. What improvements can you make in the future?

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

Please enclose additional materials about the use of the funds (news clippings, program samples, letters of support, work samples such as slides, videos, photographs). These materials may be used by Boise Weekly in presentations and as reference and record. These materials will not be reproduced or used in publications without permission.



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### Financial Report for Cover Auction Grant Recipients

Please use this form to report actual expenses and income for the specific project for which you received Boise Weekly Community Funds. Please round up to the nearest whole dollar.

EXPENSES	CASH INCOME
1) Personnel/Staff (Include salary & Benefits) a) Administrative: # of Staff ___ \$ _____ b) Artistic: # of Staff ___ \$ _____ c) Technical/Production # of Staff ___ \$ _____ 2) Outside Fees and Services (itemization) \$ a) Guest Artists \$ _____ b) Consultants/Other Experts \$ _____ 3) Production Expenses (itemize) \$ _____ 4) Space Rental \$ _____ 5) Travel (itemize) \$ _____ 6) Marketing/Promotions \$ _____ 7) Remaining Operating Expenses (itemize) \$ _____	8) Admissions (itemize) a) Single Ticket ___ \$ _____ b) Subscription ___ \$ _____ c) Membership ___ \$ _____ 9) Contracted Services (identify) \$ _____ 10) Other Revenue (itemize) \$ _____ 11) Corporate Contributions \$ _____ 12) Foundation Grants \$ _____ 13) Other Private Contributions \$ _____ 14) Government Support (identify sources) a) Federal \$ _____ b) Regional \$ _____ c) State \$ _____ 15) _____ funds amount \$ _____
<b>Total Cash Expenses:</b> \$ _____ (Lines 1 thru 7)	<b>Total Cash Income:</b> \$ _____ (Lines 8 thru 15)
	In-kind (itemization on supplement) \$ _____

If expenses exceed cash income, how will you address the shortfall?

If income exceeds expenses, how will remaining funds be appropriated?