

COMMUNITY ARTS GRANT FINAL REPORT FORM (DEC)

Please return this form to:
Grant Final Reports
Cultural Resources Council
411 Montgomery Street
Syracuse, NY 13202
grants@mycnyarts.org



Organization Name: _____ **Grant Year** _____

Address: _____ **City:** _____ **Zip:** _____

Contact Name : _____ **Phone #:** _____

Grant Award Amount: _____ **Project Title:** _____

PROJECT INFORMATION

Location(s): _____

Date(s): _____

Number of Participants: Artists _____ OtherAdults _____ Youth _____ Children _____

Ticket Price or Fee for Participation (if applicable): \$ _____

We want to hear about your successes and learnings. In a brief accompanying narrative, please answer these questions about your experience:

- 1) Describe how your organization performed the grant-supported activities or services.**
- 2) How did your project fill a cultural need in your community? How did the community support the project?**
- 3) Describe any special efforts to reach under-served populations.**
- 4) Describe how you publicized the funded project. Attach samples.**
- 5) Provide an accounting of actual income and expenses for the project.**

News stories, digital photos, recordings, videos or other documentation are always welcome, and help us make the case for future NYSCA support. Thank you for your help!

Signature: _____ **Title:** _____ **Date:** _____