

STRATEGIC OPPORTUNITY STIPEND FINAL REPORT

**Please return this form to:
SOS Final Reports
Cultural Resources Council
John H. Mulroy Civic Center
411 Montgomery Street
Syracuse, NY 13202**



Artist Name: _____ **Date(s) of Opportunity** _____
Address: _____ **City:** _____ **Zip:** _____
E-Mail : _____ **Phone #:** _____
Stipend Amount: _____

Briefly describe your Strategic Opportunity and its effect on your career development:

Please list the eligible expenses covered by your Strategic Opportunity Stipend and attach appropriate receipts. Please label receipts to indicate the expenses to which they relate:

Artist Signature: _____ **Date:** _____
Please use the reverse side for any additional comments on the S.O. S. program.