



**ARTS COUNCIL OF CALVERT COUNTY**  
 P.O. Box 2569  
 Prince Frederick, MD 20678  
 410.257.7005 Fax: 410. 535.0302

**ARTISTS-IN-EDUCATION GRANT**  
**FINAL REPORT**  
**FY 2010**

Name of School/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Principal/Liaison \_\_\_\_\_ Telephone \_\_\_\_\_

Date(s) of Program \_\_\_\_\_

Project Type/Art Form \_\_\_\_\_

Total Number of Students Enrolled in School/Site \_\_\_\_\_

Percentage of Minority Students \_\_\_\_\_ Percentage of Minority Faculty \_\_\_\_\_

Number of Students indirectly involved in project (example attended assembly) \_\_\_\_\_

Number of Students participating directly with the Artist(s) such as hands-on workshop or Master Class \_\_\_\_\_

Percentage of Minority Students Participating Directly with the Artist(s) \_\_\_\_\_

Name of Artist(s) \_\_\_\_\_

Number of artists participating \_\_\_\_\_

INCOME	EXPENSES
Arts Council Grant _____	Artist's Fees _____
Matching Funds _____	Artist's Expenses _____
Please circle who provided your matching funds: PTA    School    County    Other	Materials _____
Other Income _____	Promotion/Documentation _____
	Total Expenses _____

1. What were the goals of the project and were they met? \_\_\_\_\_

2. Describe how the project contributed to school's cultural objectives. \_\_\_\_\_

3. Overall evaluation of presentation / project by school staff: (check one)  
 5 Excellent     4 Very Good     3 Good     2 Adequate     1 Inadequate

I hereby certify that this financial statement is, to the best of my knowledge, correct and represents the actual income and expenditures of the project involved.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_