



**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 for Schools**  
**FY 2012**

Name of School \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

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

Total percentage of Minority Students \_\_\_\_\_ Total 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 or Group \_\_\_\_\_ Number of artists participating \_\_\_\_\_

INCOME		EXPENSES	
Arts Council Grant	\$ _____	Artist's Fees	\$ _____
Other sources of income (note: match NOT required)		Artist's Expenses	\$ _____
_____	\$ _____	Materials	\$ _____
_____	\$ _____	Promotion/Documentation	\$ _____
Total Income	\$ _____	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 \_\_\_\_\_