

ARTS COUNCIL OF CALVERT COUNTY
P.O. Box 2569
Prince Frederick, MD 20678
(410) 257-7005 Fax: (41) 535-0302

MINI GRANT FINAL REPORT
FY 2009

NAME OF ORGANIZATION

NAME OF PROJECT

1. FINANCIAL REPORT

Cash Income

Applicant's Cash Contribution _____

Project Admission _____

Grant funding (list) _____

County funds _____

Corporate Support (list) _____

Private Contributions _____

Project Contracted Services _____

Project Workshop Fees _____

Other _____

ACCC grant _____

TOTAL CASH INCOME _____

Cash Expenditure

Salaries:

Personnel – artistic _____

Personnel – technical _____

Personnel – admin. _____

Supplies and materials _____

Equipment _____

Marketing and Publicity _____

Travel _____

Rent and Utilities _____

Other (itemize) _____

TOTAL CASH EXPENDITURES _____

INKIND SERVICES: In kind services, normally not matched by funds from the ACCC, are services which ordinarily would be paid for by your organization but are being voluntarily contributed to help carry out this project. Volunteer services by a professional person may be claimed at his/her regular rate so long as the services rendered are of a professional nature and are within the professional's field.

SALARIES	\$ _____
EQUIPMENT	_____
FEES	_____
SUPPLIES/MATERIALS	_____
TRAVEL	_____
RENTAL	_____
OTHER	_____
 TOTAL IN KIND	 \$ _____

II. PROJECT EVALUATION

1. Name of project _____
2. Date of project _____
3. Project location _____

Was it accessible? _____ Yes _____ No Explain no.

4. Number of professional artists participating in project _____
 - i. Number of non-professional artist participating in project _____
 - ii. Number of volunteer/support personnel participating in project _____

5. Total of individuals benefiting from project _____ Please describe your audience/participants (i.e. seniors, students, families, special groups).

6. Describe marketing techniques used. _____

7. Describe how project contributed to the community.

8. Did the project meet or exceed expectations? Please explain.

9. How did you evaluate project? (did audience/participants offer suggestions, ideas, comments?) Please explain.

10. How might this project be continued and or expanded?

11. What other needs (other than financial) does your group have?

I HEREBY CERTIFY THAT THIS FINANCIAL STATEMENT IS CORRECT AND REPRESENTS THE ACTUAL INCOME AND EXPENDITURES OF THE PROJECT INVOLVED.

DATE

SIGNATURE

TYPED/PRINTED NAME

TITLE

TELEPHONE NO.