

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

OPERATING GRANT FINAL REPORT  
FY 2008

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	
FEEES	
SUPPLIES/MATERIALS	
TRAVEL	
RENTAL	
OTHER	
<b>TOTAL IN KIND</b>	<b>\$</b>

**II. EVALUATION**

1. Name of Organization

2. Fiscal Year Dates

3. Organization's Address

4. Program Locations & Dates

Where they all accessible? \_\_\_\_\_ Yes \_\_\_\_\_ No Explain no.

5. Number of professional artists participating in project

Number of non-professional artist participating in project

Number of volunteer/support personnel participating in project

6. Total of individuals benefiting from organization's projects.

7. Please describe your audience/participants (i.e. seniors, students, families, special groups).

8. Describe advertising and public relations efforts.

9. Describe how your organization contributes to the arts in the community.

10. Did your organization's annual projects meet or exceed expectations? Please explain.

11. How did you evaluate your projects? (Did audience/participants offer suggestions, ideas, comments?)  
Please explain.

12. How might your organization make improvements?

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

**III. PUBLICITY**

Please attach publicity samples (press releases, event programs, advertisements, brochures, etc.) acknowledging the Arts Council of Calvert County and the Maryland State Arts Council as providing financial support for your organization.

**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.**