

**ARTS COUNCIL OF CALVERT COUNTY
COMMUNITY AND SPECIAL PROJECT GRANTS
FINAL REPORT
FY 2018**

Name of Organization

Address

City State Zip Code

Telephone

Date(s) of Program

Project Type/Art Form

Number of Individuals indirectly involved in project _____

Number of Individuals participating directly with the Artist(s) such as hands-on workshop or Master Class _____

Percentage of Minorities Participating Directly with the Artist(s) _____

Number of Adults Attending (Paid) _____ **(Unpaid)** _____

Number of Children <18 (Paid) _____ **(Unpaid)** _____

Name of Artist(s)

Number of artists participating _____

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INCOME

Arts Council Grant \$ _____

Additional Funds \$ _____

Indicate who provided
any additional funds:

	Organization	County	Other
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Other income

\$ _____

\$ _____

Total Income \$ _____

EXPENSES

Artist's Fees \$ _____

Artist's Expenses \$ _____

Materials \$ _____

Promotion \$ _____

Total Expenses \$ _____

NOTE INKIND EXPENSES AND AMOUNT:

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

2. Describe how the project contributed to county's cultural objectives.

3. Overall evaluation of presentation / project by school staff: (circle 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.

Signature

Date

Printed Name

Title