

**Worcester County Arts Council
Community Arts Development Grant and Mini Grant Final Report**

(Due **within 30 days** after the project is held or by **June 30th** if project is held in June)

CAD GRANT# Title of Project:

Name of Organization:

Address:
(Street) (City) (State) (Zip)

NOTE: This final report needs to be submitted via email to:
anna@worcestercountyartscouncil.org

The final report must include the attachments listed below:

1. an image (jpg format) from the granted event/project
2. a copy of one of the following: flyer, program, press announcement, advertising, etc. acknowledging WCAC grant support
3. a copy of grantee's letters sent to local officials (list enclosed in grant policies letter).

Financial Breakdown: (Your grant was made on the basis of estimated expenses and income. Please list below the **ACTUAL** expenses and income of the event.)

NOTE: All requested information must be completed. If the requested information does not apply to your project, please indicate by writing "N/A."

Income:

WCAC Grant	\$	<input type="text"/>
Organization Funds		
Total Project Admission	\$	<input type="text"/>
Membership/Cash	\$	<input type="text"/>
Other Grants (source & amount)		
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
Total Activity Fees	\$	<input type="text"/>
Advertising Income	\$	<input type="text"/>
Other Income (Itemize)		
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
Total Income:	\$	<input type="text"/>

Expense:

Artistic Fees	\$	<input type="text"/>
Technical Fees.....	\$	<input type="text"/>
Admin. Fees.....	\$	<input type="text"/>
Supplies & Materials.....	\$	<input type="text"/>
Equipment.....	\$	<input type="text"/>
Promotion & Advertising	\$	<input type="text"/>
Travel.....	\$	<input type="text"/>
Rentals	\$	<input type="text"/>
Other Expenses (Itemize)		
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
Total Expense:	\$	<input type="text"/>

Number of persons who attended project: Adults Children

Number of artists who participated in the project:

I hereby certify that this financial statement is correct and represents the actual income and expenses of the project involved.

Signature & Title of Authorized Representative

Date

Please print name of representative

phone (W/H)

(cell)