



COMMUNITY ARTS FINAL REPORT (2018)

For

Project _____

Finger Lakes Community Arts Grants (FLCAG)
Auburn Public Theater
PO Box 771
Auburn, NY 13021
www.flcag.org
315-253-6669



NEW YORK
STATE OF
OPPORTUNITY.

**Council on
the Arts**

2. Did you change your project (relevant facts, estimates, projections, etc.) as outlined in your application or agreement? If so, please list and explain them here. Did the DEC Coordinator approve these changes?

3. How was the project publicized? *Please attach copies of press coverage and other promotional materials (e.g., posters, programs).*

4. How many artists participated? List artists' names and disciplines.

5. Approximately how many people were in the audience/workshop?

6. What was the demographic breakdown of your group? Please estimate how many of your audience members/participants belonged to each of the following groups.

People with disabilities		Asian	
At-risk youth		American Indian/Alaska Native	
Youth (total)		Black/African American	
Senior Citizens		Hispanic/Latino	

7. Describe, as best as you can, the audience/participants in terms of other demographic factors (age, gender, income, place of residence, etc.).

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8. Give a general breakdown of how the grant funds were spent. *Please attach a final budget and/or treasurer's report as well as copies of receipts, checks and/or invoices – do not send originals.*

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9. How can Finger Lakes Community Arts Grants and specifically the Community Arts Grant program be improved to serve you and/or others better in the upcoming funding years?

10. If possible, please provide the names and contact information for anyone who might be interested in serving as grants panelists. Thank you!

Final Report Budget

PROJECT EXPENSES List ALL expense items	Amount covered by the grant	Amount <i>not</i> covered by the grant	Total Cost
1. Artistic Fees			
2. Technical Fees			
3. Marketing			
4. Travel			
5. Hospitality			
6. Equipment Rental			
7. Space			
8. Supplies			
9. Postage			
10. Other:			
11. Other:			
12. Other:			
TOTAL PROJECT EXPENSES	\$	\$	\$
PROJECT INCOME List ALL Funding Sources for this Project	AMOUNT CASH	AMOUNT IN-KIND	TOTAL INCOME
1. COMMUNITY ARTS GRANT			
2. Admission Fees			
3. Membership/Dues			
4. Workshops/Sales			
5. Contributions (Individual)			
6. Contributions (Corporate)			

7. Other Grants (List):			
8. Other (explain):			
TOTAL PROJECT INCOME	\$	\$	\$

<p>I hereby certify that _____ performed the services as (name of award recipient) as stated in the original funding agreement with the Decentralization Program as has done so during the period agreed upon in accordance with submitted or revised and approved budgets.</p>	
Signature of Project Manager	Date
Typed Name of Project Manager	
Signature of Executive Director of Sponsoring or Applicant Organization	Date
Typed Name of Executive Director of Sponsoring or Applicant Organization	