

Chenango County Council of the Arts
27 West Main Street
Norwich, NY 13815
607-336-2787

**2010 BROOME & CHENANGO COUNTY
DECENTRALIZATION FINAL REPORT FORM**

Your grant agreement with the Chenango County Council of the Arts requires a Final Report to be submitted to the Council **within thirty (30) days following the end of your project.** **Future funding is subject to compliance with this contract requirement.** If you need assistance filling out this form, please call the Arts Council office at 336-2787.

Name of Organization: _____

Please answer the following questions using as many additional pages as needed:

- 1.) Please give the name, date, time and location of your funded program.

- 2.) Describe the services for which funding was received. If the services performed differ from those described in your contract, please explain.

- 3.) Describe the audience served and **give total attendance** of:
artists _____, youth _____, adults _____ and seniors _____
benefiting from your project.

Total of all: _____.

- 4.) Describe the community impact of your project/event.

- 5.) Describe any further activity planned as a result of this program.

- 6.) Any suggestions or comments regarding the Decentralization are welcome:

PLEASE TURN OVER TO REPORT FINANCIAL INFORMATION.

PROJECT BUDGET

ORIGINAL
(This should be identical to your requested budget.)

FINAL

EXPENSES

Project Salaries and Fees:

- 1.) Administrative _____
- 2.) Artistic _____
- 3.) Technical _____

Remaining Expenses:

- 4.) Space rental _____
- 5.) Travel/Transportation _____
- 6.) Advertising/Promotion _____
- 7.) Project Supplies/Materials _____
- 8.) Other (attach itemized list) _____

TOTAL EXPENSES _____

INCOME

Earned Income: (Please identify sources separately: admissions, concessions, sales, tuition, class and workshop fees, fundraising events, etc...)

- 9.) _____
- 10.) _____
- 11.) _____

Contributed Income: (Please identify sources separately: government, businesses, foundations, individual contributions, interest income, etc...)

- 12.) _____
- 13.) _____
- 14.) _____

Decentralization Grant _____

TOTAL INCOME _____

TOTAL EXPENSES - _____

Surplus (Deficit) _____

In-kind contributions: (Please attach an estimated dollar figure to each item.)

- 15.) _____
- 16.) _____
- 17.) _____

Signature/Title of person submitting this form: _____

Date: _____