



Return completed form to Chenango Arts Council, 27 West Main Street, Norwich, NY 13815

**2018 BROOME, CHENANGO & OTSEGO COUNTY
DECENTRALIZATION GRANT FINAL REPORT FORM**

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

Name of Recipient Organization/Artist:

Grant Amount: \$

PLEASE ANSWER THE FOLLOWING QUESTIONS using additional pages if needed:

1.) Name(s), date(s) and location(s) of your funded project(s):

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

3.) Describe the audience served and give the total attendance/participation of individuals benefiting from your funded project(s):

Artists:

Youth/students:

Adults:

Seniors:

TOTAL OF ALL INDIVIDUALS SERVED:

4.) Describe the impact of your project on the community/school:

5.) How has funding from the DEC Program affected your work as an artist/organization?

6.) Describe any further activity planned as a result of this project:

7.) Any suggestions or comments regarding the Decentralization Program are welcome:

8.) FINANCIAL INFORMATION.

PROJECT BUDGET

ORIGINAL
(This column should be identical to your submitted budget.)

FINAL
(actual expenses)

EXPENSES

Project Salaries and Fees:

Administrative	\$	\$
Artistic	\$	\$
Technical	\$	\$

Remaining Expenses:

Space rental	\$	\$
Travel/Transportation	\$	\$
Advertising/Promotion	\$	\$
Supplies/Materials	\$	\$
Other (attach list)	\$	\$
TOTAL EXPENSES:	\$	\$

INCOME

Earned Income: (Identify sources separately: Admissions, concessions, sales, tuition, class and workshop fees, fundraising events, etc..., and list both the proposed and actual incomes.)

	ORIGINAL	ACTUAL
Admissions	\$	\$
Concessions	\$	\$
Sales	\$	\$
Tuition	\$	\$
Class/Workshop Fees	\$	\$
Fundraising Events	\$	\$
Other	\$	\$
TOTAL INCOME:	\$	\$

Contributed Income: (Identify sources separately: Government, businesses, foundations, individual contributions, interest income, etc..., and list both the proposed and actual incomes.)

1.	\$	\$
2.	\$	\$
3.	\$	\$

DEC GRANT:	(Requested)	\$	(Actual)	\$
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TOTAL INCOME:	\$	\$
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Signature of person submitting this form: _____

Print Name: _____ Title: _____

Date: _____