**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 FINAL**

 ***(This column should be identical (actual expenses)***

 ***to your submitted budget.)***

**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) $**

**TOTAL INCOME:** **$ $**

**Signature of person submitting this form**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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