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

2019 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 607-336-2787.

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.

<table>
<thead>
<tr>
<th>PROJECT BUDGET</th>
<th>ORIGINAL</th>
<th>FINAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(This column should be identical to your submitted budget.)</td>
<td>(actual expenses)</td>
</tr>
</tbody>
</table>

**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.)*

<table>
<thead>
<tr>
<th>ORIGINAL</th>
<th>ACTUAL</th>
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<tbody>
<tr>
<td>Admissions: $</td>
<td>$</td>
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<tr>
<td>Concessions: $</td>
<td>$</td>
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<td>Sales: $</td>
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<td>Tuition: $</td>
<td>$</td>
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<tr>
<td>Class/Workshop Fees: $</td>
<td>$</td>
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<tr>
<td>Fundraising Events: $</td>
<td>$</td>
</tr>
<tr>
<td>Other: $</td>
<td>$</td>
</tr>
</tbody>
</table>

**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: ____________________________