

Chequamegon Bay Arts Council Grant Program

Final Report

Organization:

Project start date:

Name:

Project end date:

Address:

Phone (day):

City, Zip:

phone (eve):

Email address:

Number of performances/classes/exhibits presented	
Number of artists involved in project	
Number of total audience for Performance/class/exhibit (<i><u>list number of adults/children</u></i>)*	

Adults

Children age 0-18

****DO NOT report the same attendees twice. Count repeat attendees only once.***

In a written narrative please address the following...

1. Define your audience. How did they benefit from your project?
2. How did the community benefit from your project?
3. How has this undertaking enhanced your artistic development (or that of the artist)?
4. Describe the most positive outcome of your project.
5. If your project differed from the one initially proposed, describe how and why.
6. Please enclose copies of all promotional materials resulting from this project
7. Please send 2 photos and a brief description of your project for CBAC's newsletter to kathleenbroadwell@gmail.com.

Chequamegon Bay Arts Council Grant Program

Final Report - Budget

Project Funding Sources

	CBAC Grant Funding	Cash Matching Funds	In-kind Matching Funds
CBAC Grant Award	\$		
Personal Funds Used for Project		\$	
Private Donations <i>(please list):</i>		\$	
Grants (other than CBAC) <i>(please list):</i>		\$	
Ticket Sales / Admission fees <i>(\$ ___/ticket) x(___# of people)</i>		\$	
Sales of CDs, prints, artwork, etc.		\$	
Other <i>(specify)</i>		\$	
Value of in-kind donations <i>(itemize on separate sheet if necessary)</i>			\$
TOTAL FUNDING SOURCES	\$	\$	\$

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Final Report - Budget

Project Expenses

Program personnel <i>(List personnel and individual costs):</i>	\$
Supplies:	\$
Facility rental/costs:	\$
Promotional costs:	\$
Travel Costs:	\$
Hospitality/reception costs:	\$
Other:	\$
TOTAL EXPENSES	\$

** Project Budget Summary **

Total Expenses Paid in Cash	\$
In-kind Matching Funds <i>(from project funding sources)</i>	\$
TOTAL PROJECT BUDGET* <i>(Same as total expenses above)</i>	\$

**CBAC is required to report this number to the Wisconsin Arts Board.*

PLEASE MAIL TO:
Kathleen Broadwell
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PORT WING, WI 54865