

**ARTS COUNCIL OF HILLSBOROUGH COUNTY
CULTURAL DEVELOPMENT GRANT PROGRAM
FINAL REPORT**

Organization

Mailing address

Contact person

Telephone #

E-mail

Grant award \$

Grant number

Project start date

Project end date

PERSONNEL INFORMATION: (Please answer all questions applicable to the project)

Number employed	Artists	Administrative	Other staff	Totals
Full-time				
Part-time				
Volunteers				

PERFORMANCE / ATTENDANCE INFORMATION:

List performances/exhibitions/events provided to the general public in Hillsborough County by the organization during the grant period, including venues and dates (October 1 – September 30). A play performed eight times, or an exhibit shown for two months, should be counted as a single event.

Total attendance in Hillsborough County at all project-funded performances/exhibitions/events, including complimentary tickets
Describe the method for computing this figure

Total paid attendance for all project-funded performances/exhibitions/events in Hillsborough County: \$

Average admission price charged: \$

If applicable, number of complimentary tickets disbursed:

If applicable, number of reduced cost tickets disbursed:

PROJECT OUTREACH: Check all applicable categories and provide numbers.

Category	Participants/Performers	Attendees
Adults		
Minorities		
Children		
Persons with disabilities		
Persons aged 65+		
Totals		

Project Summary Narrative:

Project Implementation: (Refer to the original application and contract form Exhibit A when discussing each of the following)

Artistic Objectives

- Which specific artistic objectives of this project were met or completed?
- Which artistic objectives were not met or completed?

Marketing & Audience

- Which marketing objectives of this project were met or completed?
- What goals for community participation were realized?
- Which of these objectives were not met or completed?

General

- What specific parts of this project, in retrospect, might have been implemented differently?

Project Evaluation:

- Describe how the project was evaluated and the results

Future Planning:

- What are your organization's future plans in regard to this project, or how will the outcomes of this project influence your organization in the future?

ATTACHMENTS: Include programs, promotional materials (which should include the ACHC credit line), letters of support, etc.

CERTIFICATION: It is certified that the information provided in this report is true and correct, and the expenditures were incurred solely for the purposes of the approved referenced grant activity.

Signature – Chief Executive Officer

Signature – Contact Person

Typed name – CEO

Typed name – Contact Person

Date

Date

FINAL REPORT GRANT INCOME & EXPENDITURES

This report must show at least a 1-to-1 match for the ACHC grant.

Please round amounts to the dollar - do not show cents. You MUST enter a ZERO if there is no amount.

EXPENSES:	EXPENDITURES	ACHC GRANT	TOTAL
Personnel - Administrative			0
Personnel - Artistic			0
Personnel - Technical/Production			0
Outside Artistic Fees/Services			0
Outside Other Fees/Services			0
Space Rental/Mortgage (circle one)			0
Travel			0
Marketing			0
Remaining Operating Expenses			0
Total Cash Expenses	0	0	0

INCOME:	
Admissions	
Contracted Services Revenue	
Other Revenue	
Corporate Support	
Foundation Support	
Other Private Support	
Government Support - Federal	
Government Support- State/Region	
Government Support - Local (do not include this grant)	
Applicant Cash (savings)	
Subtotal Cash Income	0
ACHC Grant	
Total Income	0