

Rockford Area Arts Council

FINAL REPORT

Rockford Area Arts Council 713 E. State Street Rockford, IL 61104

Final reports are due WITHIN 30 DAYS following the completion of your project. **Your organization will be ineligible to participate in future grants programs upon failure to submit this form. Also, please submit (one) photo of your project (in electronic format).** This form can be emailed upon request.

Type of Grant Awarded: 2020 Community Arts Access Grant

Grantee _____
Grant Amount

Address _____ _____ _____
City State Zip

Individual completing this form _____
Daytime Phone

Title of Project Funded _____ _____
Beginning Date Ending Date

1.
 - Number of adults benefiting from this project _____
 - Number of children/youth benefiting from this project _____
 - Number of underserved people (low income, people w/disabilities,etc) _____
 - Total artists participating in the project _____
 - Total volunteers participating in the project _____
 - Counties Served (*please circle all that apply*) Winnebago Boone Ogle Dekalb
 - Number of publicity materials attached with RAAC Logo _____

2. Did you encounter any particular difficulties with your project? How did you solve your problems?

3. In what ways might the Rockford Area Arts Council's grants be more effective or responsive to your organization's needs?

4. Please tell us in 2-3 sentences the impact these funds have on your project.

5. How do you measure the effectiveness of your project?

FINAL FINANCIAL REPORT

PROJECT COSTS

	Projected Cost Per Application	Actual Costs	In-Kind
(Identify each item)			
Artist Fees	_____	_____	_____
Travel and Add'l Expenses	_____	_____	_____
Publicity/Marketing	_____	_____	_____
Rental Fees	_____	_____	_____
Salaries	_____	_____	_____
Other (indicate)	_____	_____	_____
Total Project Cost	_____	_____	_____

PROJECT REVENUE

	Projected Revenue Per Application	Actual Revenue
Budgeted	_____	_____
Grants (indicate sources)	_____	_____
Arts Council Grant	_____	_____
Special Gifts (indicate sources)	_____	_____
	_____	_____
	_____	_____
Earned Income (Admissions, fundraisers, concessions)	_____	_____
Total Project Revenue	_____	_____

Signature

Phone

Date Submitted