

UMass Arts Council Final Project Report Form

10 Curry Hicks; 100 Hicks Way; University of Massachusetts, Amherst, MA 01003 (413) 545-0202

www.umass.edu/fac/artscouncil

Please submit this report to the Arts Council office no later than three weeks following the completion of the program or project. Please make arrangements with the Arts Council office if expenses are not finalized within three weeks of the event. For Single Projects/Events grants, the second half of the grant will be transferred to your account after the receipt and approval of this report. This form does not need to be typed.

Program/Event Title: _____

Date(s): _____ Time(s): _____

Location: _____ Total Attendance for Event(s): _____ University Account #: _____

Submitted By: _____ Phone # _____

Signature of Submitter: _____ Faculty/CAO Advisor's Signature: _____

1. **Please check the box that best describes you** (as the person who wrote the grant):
 undergraduate student graduate student faculty staff other: _____
2. **Have you personally applied for a grant from the Arts Council before?** yes* no
**If yes, in which funding category(ies) have you applied?* (check all that are applicable)
 Single Projects/Events Mini Grants
3. **Has your group ever received Arts Council support before this grant was awarded?** yes no
4. **How did you learn about Arts Council grants?** (please check all that apply)
 Collegian WMUA Classroom presentation: by whom?
 Chronicle Table Tents Other--Please describe:
 Email Word of Mouth
 Internet site It was in my mailbox
5. **Did you take advantage of our free grant consultations with Council staff?**
 yes* no
**If yes, was this useful? Why or why not?*
6. **Please attach samples of publicity**, such as articles, posters, flyers, table tents, web page print outs, press releases, copies of calendar listings, etc. The Arts Council support should have been credited on all materials as described in our guidelines and in your award letter.
7. **Was planning this event and/or applying for a grant from the Arts Council a learning experience?** Why or why not?
8. **What changes would you suggest for future events that are similar to this one?**
9. **Is there anything else you would like to share with the Arts Council?** (please use the reverse of this form for any additional comments)

Final Budget

EXPENSE/ INCOME:	DESCRIPTION:	TOTAL PROJECT EXPENSES OR INCOME:	HOW THE ARTS COUNCIL GRANT WAS SPENT:	Is this person a UMass student, staff or faculty member? (answer Y or N)*	
EXPENSES: (please list all artist(s), speaker(s), performer(s) at your event and indicate how much you paid them)	ARTIST/PERFORMER FEES				
	Name of artist:				
	Name of artist:				
	Name of artist:				
	Name of artist:				
	Name of artist:				
	PROMOTION/PUBLICITY				
	MATERIALS/SUPPLIES				
	TRANSPORTATION & HOSPITALITY*				
	MISCELLANEOUS (please specify):				
	TOTAL ALL EXPENSES				
INCOME:	TICKET SALES: # tickets sold: _____				
	OTHER REVENUE (please specify):				
	ARTS COUNCIL GRANT REQUEST				
	OTHER SOURCES OF GRANT SUPPORT (please attach separate page and insert total here)				
	APPLICANT CONTRIBUTION <i>Indicate the amount that your organization will be contributing towards this project</i>				
	TOTAL ALL INCOME <i>Total all of the columns above and enter the result here</i>				
GRAND TOTAL	<i>Subtract Total Expenses from Total Income and enter result here. Please remember that the Arts Council does NOT support fundraising events.</i>				

*please note that refreshments, travel and hospitality are not reimbursable items.