

# COMMUNITY ARTS DEVELOPMENT FINAL REPORT

Due the last Friday in July



carroll  
county  
a r t s  
council

## 1. Contact Information

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

## 2. Program Statistics (for year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ )

a) Total # of **Participants** (performers, artists, etc.) \_\_\_\_\_

b) Total # of **Audience or Attendees** \_\_\_\_\_

c) Total # of **Volunteers** (does not include participants) \_\_\_\_\_

d) Total Number of Volunteer Hours Contributed \_\_\_\_\_

## 3. Assessment (attach additional sheet if necessary)

a. **Briefly describe your activities for the year.**

b. **Did you meet the goals for participation and attendance that you had set for your project? Please describe.**

c. **What changes do you anticipate making in the future to improve your organization and community participation?**

**4. Detailed Finances**

	<b>Actual Most Recent Year (Complete)</b>
<b>INCOME</b>	
Contributed Income	
- CAD Grant	
- Government Grants	
- Foundation Grants	
- Business Donations	
- Individual Donations	
- Fundraisers	
- Other Contributions	
Earned Income	
- Tuition/Registration	
- Ticket Sales	
- Concession Sales	
- Advertisement Sales	
- Investment/Interest	
- Other Earned Income	
<b>TOTAL INCOME</b>	
<b>EXPENSES</b>	
- Programming	
- Awards/Contributions	
- Administration Fees	
- Marketing	
- Salary/Payroll/Stipends	
- Materials/Supplies	
- Facility/Rent	
- Equipment	
- Fundraising	
- Concession Supplies	
- Other	
<b>TOTAL EXPENSES</b>	
<b>NET GAIN / (LOSS)</b>	

*I certify that this application and financial statement are complete and correct. I understand that all information provided may be subject to verification.*

Print Name & Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_