



Please complete, print, sign and return this form to:

Chenango Arts Council
27 West Main Street
Norwich, NY 13815



**2017 BROOME, CHENANGO & OTSEGO COUNTY
DECENTRALIZATION FINAL REPORT FORM**

Your grant agreement with the Chenango Arts Council requires a Final Report to be submitted to the Council **within thirty (30) days following the end of your funded project(s)**. Please include copies of any promotional materials and/or video links of your funded event(s). You may use as much space as needed.

Future funding is subject to compliance with this contract requirement. If you need assistance filling out this form, please call the Arts Council office at 336-2787.

Name of Organization/Artist:

Grant Amount: \$

CHECK: Community Arts Grant Arts Education Grant

PLEASE ANSWER THE FOLLOWING QUESTIONS using additional space if needed:

1.) Name(s), date(s) and location(s) of your funded project(s):

2.) Describe the services for which funding was received. If the services performed differ from those described in your contract, please explain:

3.) Describe the audience served and give the total attendance/participation of individuals benefiting from your funded project(s):

Artists:

Youth/students:

Adults:

Seniors:

TOTAL OF ALL INDIVIDUALS SERVED:

4.) Describe the community/school impact of your project:

5.) How has participation in the DEC Program affected your career/work as an artist/organization?

6.) Describe any further activity planned as a result of this project:

7.) Any suggestions or comments regarding the Decentralization are welcome:

8.) Broome County Hoyt Recipients: How has supplemental funding from the Stewart W. & Willma C. Hoyt Foundation helped achieve the objectives in your grant proposal?

PLEASE CONTINUE TO REPORT FINANCIAL INFORMATION.

PROJECT BUDGET

ORIGINAL
(This column should be identical to your requested budget.)

FINAL
(This column is for your actual expenses.)

EXPENSES

Project Salaries and Fees:

1.) Administrative	\$	\$
2.) Artistic	\$	\$
3.) Technical	\$	\$

Remaining Expenses:

4.) Space rental	\$	\$
5.) Travel/Transportation	\$	\$
6.) Advertising/Promotion	\$	\$
7.) Supplies/Materials	\$	\$
8.) Other (attach list)	\$	\$

TOTAL EXPENSES: \$ \$

INCOME

Earned/Contributed Income: (Identify sources separately: Admissions, concessions, sales, tuition, class and workshop fees, fundraising events, etc..., and list both the proposed and actual incomes.)

9.)	\$	\$
10.)	\$	\$
11.)	\$	\$
12.)	\$	\$

In-kind Contributions: (Identify sources separately, indication proposed and actual in-kind donations.)

13.)	\$	\$
14.)	\$	\$
15.)	\$	\$
16.)	\$	\$

DEC GRANT: (Proposed) \$ (Actual) \$

TOTAL INCOME: \$ \$

TOTAL EXPENSES VS. INCOME

Identify a Surplus or (Deficit): \$

Signature of person submitting this form:

Title:

Date: