SPRINGFIELD AREA ARTS COUNCIL

CITY ARTS GRANT 2018-2019

*RESIDENCY* FINAL REPORT – FINANCIAL DETAIL

Organization Grant Number CA Residency FY19 –

Project

ACTUAL CASH EXPENSES Actual Cash Actual In-kind

 Expenses Contributions

1. Personnel - Staff Members:

 Administrative $ $

 Artistic $ $

 Technical/Production $ $

2. Outside Fees and Services (Contractual):

Artistic $ $

 Other $ $

3. Space Rental $ $

4. Supplies $ $

5. Travel $ $

6. Other $ $

7. ***Actual Total Cash Expenses* $**

8. ***Actual Total In-kind Contributions* $**

ACTUAL CASH INCOME

9. Admissions $

10. Other Revenue $

11. Corporate Contributions / Support $

12. Foundation Contributions / Support $

13. Other Private Contributions / Support $

14. Government Support (Federal, State, City) $

15. Applicant Cash (Organization’s funds used) $

16. Springfield Area Arts Council Grant Amount **$**

(Indicate FULL amount to be received.)

17. ***Actual Cash Income for Project/Program*** $

Please retain your records of this grant for three years following receipt of this award.