**SPRINGFIELD AREA ARTS COUNCIL**

**420 South Sixth Street Springfield, IL 62701**

**217-753-3519 Fax: 217-753-8018** **office@springfieldartsco.org**

CITY ARTS GRANT 2018-2019

*RESIDENCY* FINAL REPORT – FINANCIAL and PARTICIPATION

Organization Grant Number CA Residency FY19 -

Address City Zip \_\_\_\_\_\_\_\_\_\_

Individual Completing This Report

Position/Title

E-mail Phone

Title of Program Funded

Beginning Date Ending Date

1. Submit this **FINANCIAL REPORT** according to instructions **within sixty (60) days** of the ending date of the program funded by the Springfield Area Arts Council. A residency completed after July 15 has a report deadline of August 31.
2. This is one of two reports required. The other is a **NARRATIVE REPORT** which you must complete and submit with this report.
3. Both reports must show completely and accurately how the program actually occurred. This will be helpful to you in assessing the success of the program and for staff working with you in the future and to the City Arts Grant Panel in reviewing subsequent applications.
4. Reports must be complete, and each must be signed by the program/project director. Incomplete or unsigned reports will be returned.

Contact the Springfield Area Arts Council (753-3519 or office@springfieldartsco.org) if you have questions.

SUMMARY (for this project/program only):

 Actual Total Cash EXPENSES (#7, Detail) $

 Actual In-kind CONTRIBUTIONS (#8, Detail) $

Springfield Area Arts Council GRANT (#16, Detail) $

Actual Total Cash INCOME (#17, Detail) $

 Total Adults benefiting from project

Total Youth (high school and younger) benefiting from project

 Total Artists participating in project

 Total Volunteers participating in project

Total Individuals benefiting from project

 (including adults, youth, artists, volunteers)

Program/Project Director's Signature Telephone Date

Please complete Financial Report – Detail.

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