



**Tucson Pima Arts Council
2009 Family Arts Activities
FINAL REPORT
DUE 30 DAYS AFTER PROJECT ENDS**

This final report **must** be submitted no later than 30 days after the end of your project -- failure to do so will result in future application(s) not being accepted.

Project Grant Number _____ Grant Award Amount \$ _____

Project Organization _____

Project Title _____

Contact/title: _____ Phone _____ Email _____

ALL ITEMS MUST BE FILLED IN COMPLETELY

1. Budget/Variance	
a. Total projected costs, as per application or amended budget	
b. Total actual costs of project	
c. Variance ("+" or "-")	

2. Activity Statistics

a. Dates of project listed in grant from: _____ to _____
month/day month/day

b. Actual dates project took place from: _____ to _____
month/day month/day

List all the exact dates, times, locations (including addresses), and attendance/participation for activities supported by this grant. Submit attachment if necessary.

Date	Location	Address	# Attending

Total Attendance

Estimated # of Tourists Attending

Total Artist(s) Participation

Include the following information on audience/participants:

% Black	% Hispanic	% Asian	% American Indian
% Handicapped	% Under age 15	% Senior Citizens	
% Male	% Female		

PROJECT GRANT FINAL REPORT

Grant # _____

NARRATIVE

1. Arts Council grants must be matched 1:1 with non-public money. If this did not happen, please provide a brief explanation.

2. Describe the successes and shortcomings of the program, and address whether the program fulfilled your stated objectives (use an additional page if necessary).

3. Please attach articles, reviews or letters received as a result of the project.

4. Please attach all printed material produced for this project.

PROJECT GRANT FINAL REPORT

Grant #

CASH INCOME (Revenue + Support)	
REVENUE (Earned Income - Cash Only)	
1) Admissions	
2) Contracted Services	
3) Other	
SUPPORT (Contributed Income)	
4) Corporate Contributions	
5) Foundation Grants	
6) Other Private Contributions	
7) Government Support	
a) Federal	
b) Regional	
c) State	
d) County	
e) City (Do not include this grant)	
Total Government Support (Lines 7a thru 7e)	\$0.00
8) Applicant Cash	
9) TOTAL CASH INCOME (Lines 1 thru 8)	\$0.00
10) TPAC GRANT AMOUNT RECEIVED	
11) TOTAL CASH INCOME (Lines 9 & 10)	\$0.00

EXPENSES (Cash Only)	
12) Personnel/Staff (Include salary & benefits)	
a) Administrative	
b) Artistic	
c) Technical/Production	
13) Outside Fees and Services	
a) Guest Artist(s)	
b) Consultants/Other Experts	
14) Production Expenses	
15) Space Rental	
16) Travel	
17) Marketing/Promotion	
18) Remaining Operating Expenses	
19) TOTAL CASH EXPENSES (Lines 12 thru 18)	\$0.00

Please attach a detailed, itemized sheet if line item resource(s) differ from original line item resource(s).

Typed Name and Title:	
Signature:	
Date:	