

TALBOT COUNTY ARTS COUNCIL, INC., P.O. Box 6, Easton, MD 21601-0006  
phone 410-770-4415 - fax 410-770-4879 - e-mail gearly@talbotarts.org

**FINAL REPORT**

Name of organization: \_\_\_\_\_

Project title and description: \_\_\_\_\_

Your grant was made on the basis of estimated expenses and income. For our records, please list below the actual expenses and income. Continue on the reverse if necessary. This report is due within 30 days after completion of the project or program for which the grant was made.

**INCOME:**

Arts Council grant \_\_\_\_\_

Total admissions \_\_\_\_\_

Tuition fees \_\_\_\_\_

Cash contributions \_\_\_\_\_

Your organization funds \_\_\_\_\_

Maryland state funds \_\_\_\_\_

Federal funds \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL INCOME:** \_\_\_\_\_

**NUMBER OF ARTISTS  
PARTICIPATING:** \_\_\_\_\_

**EXPENDITURES:**

Rental of space \_\_\_\_\_

Other rentals (specify) \_\_\_\_\_

Fees for artists/educators \_\_\_\_\_

Supplies and equipment \_\_\_\_\_

Promotion \_\_\_\_\_

Travel (mileage for artists) \_\_\_\_\_

Lodging/meals for residencies \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL EXPENDITURES:** \_\_\_\_\_

**NUMBER BENEFITING  
(AUDIENCE AND OTHERS):** \_\_\_\_\_

**If program involved ticket sales, please indicate the amount charged in each category:**

Member \$\_\_\_\_\_, Regular \$\_\_\_\_\_, Senior \$\_\_\_\_\_, Student \$\_\_\_\_\_, Child \$\_\_\_\_\_, Other \$\_\_\_\_\_

**This final report with financial statement is correct to the best of my knowledge and belief.**

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_