



administered by Delaware Valley Arts Alliance, the Arts Council for Sullivan County, NY

## 2010 SULLIVAN COUNTY ARTS AND HERITAGE GRANT

### FINAL REPORT

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Report Prepared by \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Report \_\_\_\_\_ Amount of Grant Received \_\_\_\_\_

1. Identify the project for which your organization was funded through SCAHG. Briefly explain how the contract agreement was met.

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2. How many people were served by this project?

Artists \_\_\_\_\_ Audience: Adults \_\_\_\_\_ Children \_\_\_\_\_

*(If the project was a performance(s), give date(s) and number and make-up of people in attendance.)*

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3. Attach a financial report for this program which shows specific distribution of SCAHG funding.

4. Attach copies of press releases, news clippings, programs. Include items that credit the Sullivan County Legislature.

I certify that \_\_\_\_\_ has performed the services outlined in the DVAA / SCAHG Cultural Services Contract, and has done so during the period agreed upon.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS FINAL REPORT WITHIN THIRTY DAYS OF COMPLETING YOUR PROGRAM OR BY JANUARY 15, 2011.**

**ORGANIZATIONS CANNOT REAPPLY WITHOUT SUBMITTING A FINAL REPORT.**