



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

2011 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.

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.)

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, 2012.

ORGANIZATIONS CANNOT REAPPLY WITHOUT SUBMITTING A FINAL REPORT.