

Please complete, sign, and return via this form and any printed documents, photos, etc., within 30 days of your project's completion.

	Type of Grant				
ALLIANCE ALLIANCE	[] Programming/Operations	[] Innovation			
Project Name					
Organization					
Part One: How the grant has k Give a breakdown of the items or active the application. (How much will your p	vities funded by the grant, u	sing the same budget he	adlings you provided in		
A. Item or activity	B. Actual cost of item or activity for the project	C. Amount of grant spent on item/activity	In column B, put the total amount you spent on each		
Administrative /Payroll			item or activity.		
Payroll taxes and benefits			In column C, put how much was paid for from your		
Contractors			grant.		
Other personnel expenses	If your grant funded your				
Payments to artists			entire project, then the		
Payroll taxes and benefits to artists			figures in B and C will be the same.		
Advertising and marketing			The figures you put in		
Contractor services			should be the actual		
Programming and production expeses			amounts. These may be different from estimated in		
Supplies and materials			your application form.		
Rental and/or lease costs					
Other (not classified above)					
Total amount spent	\$	\$			
Part 2: What the grant achieve		•	_		
Describe your project in detail. Include impacted, where your project took pla	e, at minimum, how you use	- :	eople involved were		
How many people directly benefited for	rom the grant? (estimate)				

Part 3: Declaration:

This declaration must be signed by the director or board chair. If they have changed since your application, please indicate in your cover letter.

I confirm that the details in this form are correct and that we will keep all financial records and accounts, including receipts for items purchased with the award, for at least two years from payment of the grant. (We understand that this does not release us from our statutory obligations to keep records for longer periods.)

Title	First name		Last name
Position in Organization			
Telephone Number			
Signature		Date	
]
For office use only			
Report due date		Expenditure checked	
Report received date		Grant closure letter sen	t
Report reviewed (date)			