



ESSEX COUNTY ARTS COUNCIL

FINAL REPORT

Cultural Assistance Program (CAP) Grant

RETURN THIS REPORT WITH ATTACHMENTS

Via email (please note we no longer accept reports via US Mail)

By February 1 to: admin@essexcountyarts.org

Name of Organization:

Contact Person:

Address:

Phone:

Title of Project:

Amount of CAP Grant:

Briefly describe the project, highlighting any changes that took place after your original CAP application was submitted. Please explain any changes:
(1,000 words maximum)

CAP Itemize Project Income and Expenses

Project Budget (indicate In-Kind items in the appropriate column) Must Balance or Exceed Expenses

Earned Income	In-Kind	Cash	Personnel Expenses	In-Kind	***Cash
Admissions/Tickets			Administrative		
Subscriptions			Technical		
Program Advertising			Artistic (please itemize)		
Concessions					
Tuitions and Fees					
Other (please describe)					
			Operating Expenses		
			Outside Professional Fees		
			Space Rental		
Contributed Income			Travel/Transportation		
Corporate			Advertising/Promotion		
Foundation			Postage		
Individual			Supplies		
Government			Royalties		
Other (please describe)			Insurance		
			Equipment Rental		
			Other (please describe)		
Sub Total Income			Sub Total Expense		
CAP Grant Award					
Total Income			Total Expenses		

Total In-Kind income and Total In-Kind expenses should be equal amounts. Your Total Income and Total Expenses should be the same. If there is a large deficit or surplus, please include budget note explaining why.

*****You MUST include a Community financial and in-kind match totaling 50% of all income. This may include contributions, admissions or other earned income of at least 20%.**

Number of People Served:

Number of Artists Participating:

ENCLOSURE / ACTIVITY CHECKLIST

[] The following statement was written in at least one form of publicity: *“Made possible, in part, by an Essex County Arts Council Cultural Assistance Program Grant supported by the Essex County Board of Supervisors.”* This appeared in:

(check one or more) ___ posters ___ programs ___ sign at exhibit ___ other (specify)

[] Provide via email at least two or three high quality event photographs in electronic format with the Final Report. We may use these on our website or in our materials.

[] To publicize your upcoming events, enter them into the ECAC website at: www.essexcountyarts.org. If you have already entered events through ROOST or your individual region, then please double check that your events are listed in the ECAC website’s event directory. If they are not listed there, please contact us.

[] Contact your Town Supervisor to say thank you! Funds for this grant program are allocated by the Essex County Board of Supervisors and they need to know how important CAP is to your organization and the residents of Essex County. A list of supervisors can be found at <https://www.co.essex.ny.us/essex-county-board-of-supervisors/>. Please send ECAC a copy of your thank you note.

I hereby certify that _____ has performed the
_____ *name of organization* _____
services and activities for which Cultural Assistance Program (CAP) funds were awarded.

Date

Name

Title