CCCA Mini-Grant Final Report
(Due within 30 days after project completion)

APPLICANT NAME _____ NAME & DATE OF PROJECT _____

ACTUAL INCOME AND EXPENSES FOR THIS PROJECT
(CCCA doesn't count in-kind donations* as income)

Artist/Performer Fees	$	Amount requested of CCCA	$
Rental of Artist/Performance Equipment	$	Matching Funds From:	
Artist/Performer Supplies/Materials	$	Tickets and/or Registration Fees	$
Artist/Performer Travel/Lodging	$	Organizational Funds	$
Artist/Performer Transportation	$	Cash Contributions	$
Other Art Related Expenses	$	Non-State Grants	$
Total Art Related Expenses**	$	Other Income Sources	$
Maximum allowable CCCA grant (50% of above)	$	Total Income for Art Related Expenses**	$

Total Non-Art Related Expenses	$	Total Non-Matching Funds	$
Total Project Expenses**		Total Project Income	

*In-kind donations are those services which are contributed to your organization, for which you would normally have to pay.
**the total for the expense column must match the total for the income column

Number of Artists Participated: _____ Attendance: Adults _____ Children _____

How much of the total Non-Matching funds above are State Funds? $

If the program involved ticket sales/registration fees, please indicate the amount charged in each category: Member $, Regular $ Senior $ Student $ Child $, Other $

_____ _____ _____ _____ _____ _____

Please list your non-state grants and other income sources:

Source	Amount	Source	Amount
_____	$_____	_____	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____

Please briefly describe how your project met or did not meet its goals and anything else you learned from this experience.

_____
_____
_____
_____
_____
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_____

Please share a story from this program, or a personal story of someone who benefited from this program.

_____
_____
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_____

Please attach the following documents:

1. Copies of eligible art related expense receipts. ___
2. Copies of promotional materials (including acknowledgment of CCCA support).
3. At least 2 digital photographs of the project, hereby authorizing CCCA to use in future publications. ___
4. Copies of letters to officials (listed on back of the CCCA Grant Guidelines, acknowledging our support. ___

I hereby certify that this information is true and accurate.

Signature:_____ Date:_____

Name:_____ Title:_____

You must submit this final report, along with all required attachments, within 30 days of project completion.

The CCCA reserves the right to withhold payment from grantees failing to comply with the grant requirements

(Office Use Only)

Project Completion Date:	Final Report Received Date:	All Requirements Met Signature:
Grants Committee Review Date:	Approved for Payment Signature:	2nd Payment Date/Check No.: