

**Final Report Form for  
Project funded by  
Madison Arts Commission  
Grants Program**

Madison Arts Commission  
City of Madison Department of Planning and  
Community and Economic Development  
Planning Division  
215 Martin Luther King, Jr. Blvd., Suite LL-100  
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[www.cityofmadison.com/mac](http://www.cityofmadison.com/mac)



1. Grantee Name: \_\_\_\_\_
2. Project Title: \_\_\_\_\_
3. Participating Artists or Organizations: \_\_\_\_\_
4. Total number of project producers/presenters: \_\_\_\_\_
5. Total size of audience: \_\_\_\_\_
6. Locations and populations reached: \_\_\_\_\_
7. Free Performance, Activity or Exhibit:  
Date provided: \_\_\_\_\_  
Location: \_\_\_\_\_  
Audience size: \_\_\_\_\_  
New audiences served (if known): \_\_\_\_\_
8. Arts Education/Appreciation Activity:  
Date provided: \_\_\_\_\_  
Location: \_\_\_\_\_  
Audience size: \_\_\_\_\_
9. Please briefly describe how the MAC grant was helpful to your organization, and how the citizens of Madison benefited. (Use back or attachments if necessary.)
  
10. Briefly describe the project, its strengths and weaknesses, and its impact on the audience. Comment on future plans, if any, for the project. (Use back or attachments if necessary.)

Reported by: \_\_\_\_\_ Date: \_\_\_\_\_

Project Administrator: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

11. Final Financial Accounting:

Breakdown of Income:

- a. Cash (other than MAC): Please list all monies received for the project from admission fees, gifts, grants or sales.

Sources	Amounts
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total</b>	<b>\$ _____</b>

- b. In-kind Contributions: Please list goods and services, if any, which were donated to the project, with amounts based on their fair market value.

Sources	Amounts
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total</b>	<b>\$ _____</b>

c. **MAC Grant Amount:** \$ \_\_\_\_\_

d. **Total Income (Items a + b + c)** \$ \_\_\_\_\_

B. Breakdown of Cash Expenses:

	MAC Funds Used for Item	Total Spent (including MAC Funds)
a. Personnel Fees	\$ _____	\$ _____
b. Supplies and Materials	\$ _____	\$ _____
c. Equipment/Facility Rental	\$ _____	\$ _____
d. Promotion	\$ _____	\$ _____
e. Transportation	\$ _____	\$ _____
f. Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
g. <b>Total Expenses (Items a + b + c + d + e + f)</b>	<b>\$ _____</b>	<b>\$ _____</b>