

**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 017
P.O. Box 2985, Madison WI 53701-2985
Phone: (608) 261-9134
Fax: (608) 266-6377
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
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

- 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
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

- c. **MAC Grant Amount:** \$ _____

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

B. Breakdown of Expenses (including In-kind):

	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. Total Expenses (Items a + b + c + d + e + f)	\$ _____	\$ _____