

North Kingstown Arts Council **Final Project Report**

FOR INTERNAL USE ONLY
Project Number: _____



Name of Project: (Use extra sheet if more space is needed)

How did project meet objectives: _____

Effectiveness of Location: _____

Date Received: _____

Project Summary (Continue on back or use extra sheet if more space is needed)

Things that went well: _____

Improvement Recommendations: _____

Marketing effectiveness: _____

Enclose a photograph of event appropriate for promotional purposes by the North Kingstown Arts Council.

Are you planning future events? No Yes - Type, location and date: _____

Date (s) of event: _____ Time of Event: _____

Location of Event: _____ Street: _____

Audience size by groups: (Approximate totals) Children: _____ Teens: _____ Adults: _____ Seniors: _____ TOTAL _____

Applicant's Name: _____ Address: _____

email: _____ City: _____

Phone#: _____ State: _____ ZIP: _____

Actual Budget Summary:

Artist Fees: \$ _____

Project Location rental: \$ _____

Rehearsal location cost: \$ _____

Production equipment/rentals: \$ _____

Traffic Control/Security: \$ _____

Pre-event publicity cost: \$ _____

Ads Banners Mailers Posters Programs

Signs Other: _____

Miscellaneous expenses:

Food Service \$ _____

Provided by: _____

Other: \$ _____

Funding:

A. Funding (Other than NK Arts Council)

Sponsors: _____ \$ _____

Grants: _____ \$ _____

Other: _____ \$ _____

B. Income from donations: \$ _____

C. Total amount of funds received from the North Kingstown Art Council: \$ _____

D. Total PROJECT income: \$ _____

Total Project Expenses : \$ _____

Ticket sales or other donations turned over to the Recreation Secretary at the North Kingstown Town Hall using the North Kingstown Arts Council Donation Receipt form: \$ _____

Name (Please Type or Print): _____ Signature: _____ Date: _____