

Mid Atlantic Arts Foundation
FINAL REPORT
American Masterpieces

All programs and publicity materials are included.

CONTACT INFORMATION

Please review the information below for accuracy and make changes as necessary directly on the form.

Grantee: _____

AKA: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone: _____

Fax: _____ Email _____

PROJECT DATA

Artists/Company Presented: _____

Activity Start Date: _____ Activity End Date: _____ Actual Days of Service: _____

Number of performances: _____

Total audience for the performance(s): _____

Number of complementary activities* designed to support the performance: _____

Total participants for complementary activities*: _____

Total seating capacity of facility: _____

Of the total individuals benefiting, how many were children or youth? _____

Number of individual artists providing services: _____

What percentage of the participants/audience for these activities was culturally diverse*?
(*including African, Asian, Latino, Native American, Indian/Alaskan Native, Asian/Pacific Islander) _____ %

*Complementary activities - engagements **must** include at least one complementary activity that builds appreciation for and a greater understanding of the performance or the art form. Complementary activities may include but are not limited to exhibitions, readings, master classes, lecture-demonstrations, workshops, open rehearsals, or pre and post-performance discussions.

RATINGS SURVEY

Not at all Slightly Moderately Significantly N/A

1. Please consider your original reasons for undertaking the project when answering the following questions.

- | | | | | | | |
|----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. | To what extent were you able to meet the goals that you had established for this project? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | To what extent did the project expand your programming options? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | To what extent did American Masterpieces funding for the project help your organization to leverage other resources (both cash and in-kind) for the engagement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | Describe the impact of American Masterpieces funding for this engagement on your programming and/or budget: (maximum 10 lines or 850 characters) | | | | | |

2. Please consider the outreach component of the project when answering the following questions.

- | | | | | | | |
|----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. | To what extent did the project allow you to continue an existing collaboration with school, health, social service, or other community based organizations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | To what extent did the project encourage you to develop new relationships with school, health, social service, or other community based organizations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | To what extent did the project help you to strengthen your ongoing audience development efforts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | To what extent did the project help you to target new groups for audience development? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | Describe how this engagement impacted your audience development and engagement efforts. If you reached new or diverse audiences with this engagement, please explain how and to what extent: (maximum 10 lines or 850 characters) | | | | | |

3. Please consider this definition of “underserved” when answering the following questions:

“A population that, for reasons of geography, economic conditions, ethnic background, disability or age, is underserved by the arts.”

a. Using the list below, define the underserved population that you regularly count as audience members (You may check more than one category).

- geographic isolation/ rural economic conditions ethnic background
 disability age
 Other (describe):

b. Which group or group(s) of people were you targeting to serve through this project (You may check more than one category).

- geographic isolation/ rural economic conditions ethnic background
 disability age
 Other (describe):

c. To what extent did you meet your goal of serving the above group(s) of people through this project?

Not at all	Slightly	Moderately	Significantly	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. In answering the following questions, please consider this definition of “cultural diversity”:

“Of American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, Black or African American, or Hispanic or Latino heritage.”

a. What percentage of your current audience is culturally diverse?

_____ %

b. Was a goal of your project to further diversify your audience?

Yes

If Yes, to what extent did you meet your audience diversity goal with this project?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. How satisfied were you with the artist and management?

a. Promotional material quality and timeliness

b. Cooperation/attitude prior to engagement

c. Cooperation/attitude during engagement

d. Performance quality

e. Teaching abilities (if applicable)

Not satisfied	Satisfied	Very Satisfied	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. ACTUAL PROJECT INCOME AND EXPENSE REPORT - Please show actual expenses and revenues for the ENTIRE project, not just the portion covered by the Mid Atlantic Arts Foundation grant. Remember ACTUAL TOTAL INCOME **must at least equal** ACTUAL TOTAL EXPENSES.

PROJECT CASH EXPENSES (Please round off all figures to the nearest dollar)

Personnel (personnel specifically identified with the project)	\$ _____
Artist Fee	\$ _____
Artist Travel (additional costs of lodging, food, vehicle rental, etc. if not included in artist fee)	\$ _____
Performance Space Rental (rental of hall, auditorium, theater)	\$ _____
Marketing/Promotion (radio, TV, newspaper ads, brochures, posters, etc.)	\$ _____
Complementary Activity Expenses (other than artist fees)	\$ _____
Other (please identify) _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
ACTUAL TOTAL CASH EXPENSES	\$ _____

PROJECT CASH INCOME

EARNED INCOME

Admissions (sale of tickets, admissions, series subscriptions)	\$ _____
Contracted Services Revenue	\$ _____
Other Revenue (concessions, posters, food, drink, t-shirts, etc.)	\$ _____

CONTRIBUTED INCOME

Corporate Support	\$ _____
Foundation Support (other than Mid Atlantic Arts Foundation)	\$ _____
Individuals Support	\$ _____
Federal Government Support	\$ _____
State Government Support	\$ _____
Local Government Support	\$ _____
Grantee Cash Support (accumulated resources, savings, student activities fees, etc., specifically applied to this project)	\$ _____
SUBTOTAL (Total of above income figures)	\$ _____
Mid Atlantic Arts Foundation Grant Amount	\$ _____

ACTUAL TOTAL CASH INCOME

(SUBTOTAL plus Mid Atlantic Arts Foundation Grant Amount)
Note: Total Cash Income must at least equal Total Cash Expenses. \$ _____

TOTAL IN-KIND CONTRIBUTIONS (Cash value of all items donated to this project) \$ _____

Notes (Use this space to provide explanation on line items if necessary – 4 lines or 350 characters max):

7. Narrative: Describe the project activities supported by your American Masterpieces grant (performances and complementary activities) and the impact they had on your organization and your community. Any anecdotes that illustrate the impact of the funded project and its benefits for your community or organization are encouraged and welcomed in your narrative.
8. Project Documentation: You are required to submit at least two publishable, professional quality photographs of project activities or resulting work. Photographs submitted on a CD in digital format are preferable.
 - Digital images should be 300 dpi or higher.
 - Images should be at least 3" x 3" and aesthetically pleasing
 - In a document on the CD, provide an explanation of each image and the photographer's name.
9. Please remember that in order to fulfill the requirement of your grant you must credit the Foundation for this engagement. Please include copies of all publicity materials and programs crediting the Foundation, including press releases, invitations, brochures, and copies of press clippings, radio and TV coverage etc.

Mail completed, signed final report form along with any required supporting materials, to:
Mid Atlantic Arts Foundation
201 N. Charles Street, Suite 401
Baltimore, MD 21201

I hereby certify to the best of my knowledge and belief that this report is true and correct and accurately represents the activities for which the grant award was made, and that all outlays, including awarded grant funds, were spent as set forth in the Grant Award Agreement.

Signature _____

Date _____

Typed Name and Title: _____
