



## FINAL REPORT

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Remember to sign report and include the required narrative, programs and publicity materials

### SECTION ONE: CONTACT INFORMATION

Ensemble

AKA, if applicable

Ensemble Address

Ensemble City

Ensemble State

Ensemble Zip Code +4

-

Ensemble Contact Person and Title

Phone / - x

Fax / -

Email

Website

Fiscal Sponsor (if applicable)

Fiscal Sponsor Address

Fiscal Sponsor City

Fiscal Sponsor State

Fiscal Sponsor Zip Code +4

-

Fiscal Sponsor Contact

Phone / - x

Fax / -

Email

Website

### SECTION TWO: PROJECT DATA

Activity State Date

Activity End Date

Total Days of Activity

(actual # of days engaged in performance or residency activities)

Total number of artists traveling to all festivals<sup>1</sup>

Total number of technicians traveling to all festivals<sup>1</sup>

Total number others traveling to all festivals<sup>1</sup>

<sup>1</sup>Only include U.S. Citizens or permanent residents. Do not include non-U.S. Citizens or Alien Residents.

Total number of performances

Total audience for performance(s)

Total seating capacity for performance(s)

Total number of residency activities

Total participants for residency activities

Total individuals benefiting from all activities

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

# USArtists International

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### SECTION THREE: FESTIVAL INFORMATION

#### FESTIVAL ENGAGEMENT 1

**Festival Name**

**Address**

**City**

**Country**

**Postal Code**

**Website**

**Festival Dates From To**

**Performance Date(s)**

#### FESTIVAL ENGAGEMENT 2 (if applicable)

**Festival Name**

**Address**

**City**

**Country**

**Postal Code**

**Website**

**Festival Dates From To**

**Performance Date(s)**

#### FESTIVAL ENGAGEMENT 3 (if applicable)

**Festival Name**

**Address**

**City**

**Country**

**Postal Code**

**Website**

**Festival Dates From To**

**Performance Date(s)**

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### SECTION FOUR: PROJECT EVALUATION

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?

Not at all     Slightly     Moderately     Significantly

b. To what extent did the project expand your artistic practice?

Not at all     Slightly     Moderately     Significantly     N/A

c. To what extent did USAI funding for the project help your organization to leverage other resources (both cash and in-kind) for the engagement?

Not at all     Slightly     Moderately     Significantly

d. To what extent did the project advance your career/professional standing?

Not at all     Slightly     Moderately     Significantly

e. Additional Comments (max 800 characters):

2. Had you participated in the festival(s) previously?     Yes     No

If yes, please describe (max 800 characters):

3. How Satisfied were you with:

a. Support from festival staff

Not at all     Slightly     Moderately     Significantly

b. Prompt payment of fee/travel by Festival

Not at all     Slightly     Moderately     Significantly     N/A

4. Do you plan to continue the relationship with the festival(s)?     Yes     No

e. Additional Comments (max 800 characters):



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### SECTION FIVE: INCOME AND EXPENSE REPORT *continued*

#### PROJECT INCOME

Festival Name

#### **FESTIVAL SUPPORT**

**A. Ensemble's Fee** (amount paid by the festival to the ensemble for engagement) \$

**Other items paid by the festival and not included in the fees:**

**B. International Travel**

Number of artist(s) at \$ = \$

Number of technician(s) at \$ = \$

Number of Other(s) at \$ = \$

**B. Subtotal International Travel** \$

**C. In-Country Travel**

**Ground Transportation** (bus, rail, etc. within country) = \$

**Per Diem**

Number of Person(s) at \$ for days = \$

**Lodging**

Number of Person(s) at \$ for days = \$

**C. Subtotal In-Country Travel** \$

**D. Shipping** \$

**E. Other Costs**

International Communications \$

Visa Application Fees \$

Agents' Fees Related to Participation in the International Engagement \$

Fiscal Sponsor Fees Related to Participation in the International Engagement \$

**E. Subtotal Other Costs** \$

**F. Subtotal Festival Support** (Sum of A + B + C + D + E) \$

#### **NON-FESTIVAL SUPPORT**

Corporate/Foundation (identify below) = \$

= \$

= \$

= \$

Other (identify) = \$

**G. Subtotal Non-Festival Support** \$

**Mid Atlantic Arts Foundation Grant** \$

**H. TOTAL INCOME** (Total of above) \$

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### SECTION SIX: REQUIRED MATERIALS AND CERTIFICATION

#### REQUIRED MATERIALS

1. **ATTACH A NARRATIVE DESCRIPTION** of the funded project. Within your narrative please address the following questions:

- a. How did this international engagement affect your creative and professional development? Please give examples. (Among other results, the Foundation is particularly interested in knowing about artistic collaborations and bookings that have resulted or are under discussion due to your experience at the festival.)
- b. How did USAI funding help you leverage additional resources for the project?
- c. Please also describe your original goals for undertaking the project and evaluate the extent to which you were able to achieve those goals. Provide a description of the specific activities in which you were engaged, and the overall outcome of your participation in this international engagement.

**Please limit your narrative description to not more than two pages.**

2. **PLEASE REMEMBER TO INCLUDE COPIES OF ALL PUBLICITY MATERIALS** and programs as per Exhibit A of the Grant Award Agreement, including press releases, invitations, brochures, and copies of press clippings, radio and TV coverage etc. If you have **visual documentation** for the project, including a high resolution digital performance photograph (preferably one MB or higher) of the Ensemble, if available, or slides, digital images, video footage, etc. please enclose it (or e-mail to [phillip@midatlanticarts.org](mailto:phillip@midatlanticarts.org)) along with your final report and submit to:

**Mid Atlantic Arts Foundation 201 North Charles Street, Suite 401, Baltimore, Maryland, 21201.**

#### CERTIFICATION BY AUTHORIZED OFFICIAL

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.

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Signature of Authorized Official of Grantee\*

Date

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Typed Name and Title

\*If Fiscal Sponsor is Grantee, Signature must be that of an Authorized Official of Fiscal Sponsor.