



Granting Year 2017

## Washington County RAP Cultural Grant Grant Report Form

Grant Report Form MUST be completed and returned to the Washington County RAP Advisory Board c/o Cheyenne Bentley, Deputy County Clerk, (cheyenne.bentley@washco.utah.gov) 197 East Tabernacle St., St. George, UT 84770 or mailed to the same address prior to September 22, 2017 at 12:00 noon.

Report for (check one):     General Support     Project Support

Applicant/Organization:

Mailing Address:

E-mail Address:

Contact Person: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address (if different from organization): \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Project Title (if applicable): \_\_\_\_\_

Project/Season Beginning Date \_\_\_\_\_ Project/Season Ending Date \_\_\_\_\_

Project Location \_\_\_\_\_

## PROJECT NARRATIVE

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**Description of Project (please be concise - What did you do? When? Where?)** (Please limit response to less than 350-400 words.)

**How did your project differ from what you proposed in your application?** (Please limit response to 350-400 words.)

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Do you plan to continue this project? Yes \_\_\_ No \_\_\_

Will there be additional sources of funding other than those listed in the Budget Section (next page)? Yes \_\_\_ No \_\_\_  
If so, please list: (Please limit response to less than 350-400 words.)

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**Please give your honest evaluation of the project or organization.** (Please limit response to less than 350-400 words.)  
(Things to consider: Should it reach more people? If it is a continuing project, is it still valuable? What are the project's strengths/weaknesses? Does the organization/program have a quality track record? Is the administrative management sound? Etc.)

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**Was Washington County RAP acknowledged for their support? (If so, please attach an example of the acknowledgement.)**  
(Please limit response to less than 350-400 words.)

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**PROJECT BUDGET: CASH INCOME**

**Admissions:** Provide in the space below description and rate(s) - include revenue from sale of admission, tickets, subscription, memberships, etc.

\$ \_\_\_\_\_

**Contracted Services Revenue:** Provide description and rate(s), i.e. revenue derived from sale of services. Include sale of workshops, etc. to other community organizations, government contracts for specific services, performance or residency fees, tuition, etc.

\$ \_\_\_\_\_

**Other Revenue:** Itemize source and amount(s), i.e. how many catalogs do you plan to sell and at what price each? Include revenue derived from catalog sales, advertising space in programs, gift shop income, concessions, etc.

\$ \_\_\_\_\_

**Private Support:** Corporate, foundation or other private support for project. If possible, itemize source and amounts.

\$ \_\_\_\_\_

**Government Support:** Indicate specific agency or source.

Federal \_\_\_\_\_ \$ \_\_\_\_\_

State/Regional \_\_\_\_\_ \$ \_\_\_\_\_

Local support (please identify) \_\_\_\_\_ \$ \_\_\_\_\_

**Applicant Cash:** Funds from accumulated resources or savings \_\_\_\_\_ \$ \_\_\_\_\_

**Total Applicant Revenue** \$ \_\_\_\_\_

**Grant Amount Requested from Washington County RAP** \$ \_\_\_\_\_

**TOTAL PROJECT/SEASON CASH INCOME** (Total estimated revenue plus grant amount requested) \$ \_\_\_\_\_

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**PROJECT BUDGET: CASH EXPENSES**

Personnel (i.e. payments for employee salaries, wages and benefits)

Administrative \_\_\_\_\_ Number of positions \_\_\_\_\_ \$ \_\_\_\_\_

Artistic \_\_\_\_\_ Number of positions \_\_\_\_\_ \$ \_\_\_\_\_

Technical Production \_\_\_\_\_ Number of positions \_\_\_\_\_ \$ \_\_\_\_\_

Outside Services/Artistic Fees

\$ \_\_\_\_\_

Space Rental (identify)

\$ \_\_\_\_\_

Publicity and Promotion

\$ \_\_\_\_\_

Remaining Project Expenses

A. Rentals: \$ \_\_\_\_\_

B. Supplies/Materials: \$ \_\_\_\_\_

C. Insurance: \$ \_\_\_\_\_

D. Postage: \$ \_\_\_\_\_

E. Other \$ \_\_\_\_\_

TOTAL OF ITEMS 1 - 5 \$ \_\_\_\_\_

**TOTAL PROJECT/SEASON CASH EXPENSES** \$ \_\_\_\_\_

**IN-KIND SERVICES** (Please identify)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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I/We certify that the foregoing information is true and correct and that all expenditures were incurred solely for the purpose of the above-mentioned grant.

**REPORTED BY:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_