



GrantingYear 2018

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 21, 2018 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

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.)

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.)

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.)

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.)

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) \$ _____

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)

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

=====

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: _____