

City Arts Grants

2018/19 FINAL REPORT



For projects occurring between April 1 & June 30, 2019

1. Contact Information for Artist or Project Manager (for organizations and minors).

NAME:	
TITLE:	
ORGANIZATION:	
STREET ADDRESS:	
CITY, STATE, ZIP:	
PHONE:	
EMAIL:	
WEBSITE:	

1. Project Title:

2. What were the goals for your project and how were they met?

3. Describe how the community was involved in your project and the impact of that involvement.

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4. How did you publicize the Dover Arts Commission?

5. Complete the financial summary.

	Actual Costs	In-Kind Donations	Total
INCOME			
DAC City Arts Grant			
Admissions			
Fees			
Contributions			
Applicant Cash			
TOTAL PROJECT INCOME			
EXPENSES			
Artist fees			
Technical Fees			
Advertising			
Supplies & Materials			
TOTAL PROJECT EXPENSES			

Applicant's Name *(please print)*

Title

Applicant's Signature

Date