

FINAL REPORT

Event/Project Sponsored by New Milford Arts Commission

TITLE OF PROJECT/EVENT:	
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Briefly describe the effect of the Art Commission's grant. If the grant went toward an event, how did it contribute to the success of the event?

If the grant supported an event, what was the attendance?

Adults	Children
1. Prevalence 2. Incidence 3. Prevalence 4. Incidence 5. Prevalence 6. Incidence 7. Prevalence 8. Incidence 9. Prevalence 10. Incidence	1. Prevalence 2. Incidence 3. Prevalence 4. Incidence 5. Prevalence 6. Incidence 7. Prevalence 8. Incidence 9. Prevalence 10. Incidence

Please fill out final budget information

Item	Qty	Amount Received	Amount Spent	Notes
Totals*				

**Total of Amount Received should be equal to the total of Amount Spent*

Signature/Name of Organizer _____ Date _____

Please send any photos of your event to the Commission's email, newmilfordartscomm@gmail.com, so we can feature it on our website. Photos should be clear and at least 5mb.