

HOWARD COUNTY ARTS COUNCIL
Baltimore City Arts & Cultural Grant Program
FY 2010 FINAL REPORT

Please type all information. This report is must be submitted no later than **July 17, 2010**. A professional audit must also be filed as soon as it is available. Additionally, please attach publicity materials along with the Final Report and indicate where the Howard County Arts Council and Howard County are acknowledged in those materials. Future applications will not be considered unless the final report is submitted. After your Final Report is reviewed, you may be asked to clarify or augment information.

1. Organization Name _____
2. Primary contact person _____
3. Title _____
4. Phone (office) _____ E-Mail _____
5. Please list the goals stated in your proposal and to what extent they were achieved. Do Not Exceed This Space

Goals(s):

Achievement(s):

6. Compare the actual number of people served with the number anticipated in your application.

a.) Total number of individuals:
Actual _____ Anticipated _____

b.) Total number of Howard County individuals*:
Actual _____ Anticipated _____
*Please explain your methodology in determining these figures:

c.) Total number of artists*:
Actual _____ Anticipated _____

* Even if your organization is not primarily focused on the arts, you likely utilize artists to design exhibits and participate in special projects and development activities, such as family days. Please be more specific regarding artists.

7. Please describe your organization's general contributions to the Baltimore region.

8. Please describe specifically those parts of your organization's programs that serve Howard County citizens.

9. Please indicate the number of volunteers from Howard County that are involved with your organization and how many hours of service they provide.

Number of Board Members _____

Number of Non-Board Volunteers _____

Total Number of Volunteer Hours _____

10. Financial Statement

Cash Revenues

Admissions _____

Contracted Services
(tuition, workshops, etc.) _____

Memberships _____

Interest _____

Indiv. Contributions _____

Corp. Contributions _____

Foundations _____

Federal Grants _____

State Grants _____

City/County Grants _____

Cash-on-Hand/
Carry Over _____

HCAC Grant _____

Other* _____

Subtotal Revenues _____

Capital Revenue _____

Fundraising _____

TOTAL Revenues _____

Cash Expenses

Salaries – Artistic _____

Salaries – Technical _____

Salaries – Admin. _____

Rent/Utilities _____

Printing/Postage _____

Marketing/Advertising _____

Office Supplies _____

Program Costs _____

Insurance _____

Other _____

Subtotal Expenses _____

Travel _____

Fundraising _____

Capital Expenses _____

TOTAL Expenses _____

*Please list the sources of "Other"

11. I certify that this financial statement is correct and represents the actual revenues and expenses for this organization's program for FY2010.

Date _____ Signature _____

Please return to the HCAC by **July 17, 2010**.
HCAC, 8510 High Ridge Road, Ellicott City, MD 21043