



Community Arts Grant - FINAL REPORT

Project / Event Title:

Date(s) of Project/Event: _____ Location: _____

New Project: ____ yes ____ no Funding Amount Granted: \$ _____ Total cost of Project \$ _____

Group / Organization: _____

Contact Person: _____

Phone: _____ e-mail: _____

Description of Project / Event: _____

Describe how funds were used:

Estimated number of individuals benefitting / participating in this project: _____

Your target audience: _____

Was credit CCAC's support of this project in publicity ? ____ Yes ____ No

RETURN COMPLETED APPLICATION TO: Coles County Arts Council - P.O. Box 163 - Charleston, IL. 61920

Please include/attach one or two samples of the event's publicity / promotion. Thank You.

Signature of Applicant

Printed Name of Applicant

For CCAC use do not write below this line

Date Received: _____ Reviewed: _____ Filed _____

(1-17-18)