



RESET FORM

Granting Year 2019-2020

## St. George Arts Commission

# Grant Report Form

Grant Report Form MUST be completed and returned to the Community Arts Division at the Electric Theater Center, 68 East Tabernacle St., St. George, UT 84770 or mailed to the same address prior to April 30,2020.

---

Application for (check one):  Non-Rap     Individual Artist     Collaborative Support     Folk Arts Presentation

---

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?)

---

How did your project differ from what you proposed in your application?

---

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 give your honest evaluation of the project.

(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 records? Is the administrative management sound? Etc.)

---

Were St. George Arts Commission members acknowledged for their support? Were they offered to attend your event? (Please attach a copy of your correspondence.)

---

**PROJECT BUDGET: CASH INCOME**

Note: Applicants must estimate the organization's total Fiscal Year (July 1-June 30) budget. All other applicants for the project described in this application, requesting no more than 50% of project costs from the St. George Arts Commission.

**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:** \_\_\_\_\_ \$ \_\_\_\_\_

**Local/State/Regional:** \_\_\_\_\_ \$ \_\_\_\_\_

**Applicant Cash:** Funds from accumulated resources or savings: \_\_\_\_\_ \$ \_\_\_\_\_

**Total Applicant Revenue** \$ \_\_\_\_\_

**Grant Amount Requested from St. George Arts Commission** \$ \_\_\_\_\_

**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 \$ \_\_\_\_\_**

---

---

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:** \_\_\_\_\_