

FINANCIAL / NARRATIVE PROJECT REPORT EAST CENTRAL ARTS COUNCIL A Program of the East Central Regional Development Commission 100 SOUTH PARK STREET MORA, MINNESOTA 55051 (320) 679-4740 Fax (320) 679-4120		PROJECT ID NUMBER -7E-
		DATE OF PROJECT
		DATE OF REPORT
NAME, ADDRESS OF PROJECT	NAME, ADDRESS OF FISCAL AGENT	THIS IS A (ONE) PROGRESS REPORT FINAL REPORT

PROJECT DESCRIPTION: How did (does) the project differ from the original proposal. Describe any problems encountered and solutions utilized. Describe any problems unforeseen. Tell us about your success! (use another sheet of paper if needed)

BUDGET SUMMARY (in whole numbers)	APPROVED BUDGET (FROM NGA)			FUNDS EXPENDED (record actual project costs & attach receipts)		
	ECRDC FUNDS	LOCAL MATCH	TOTAL	ECRDC FUNDS	LOCAL MATCH	TOTAL
1. Salaries or Wages						
2. Artist(s) Fees						
3. Artist(s) Travel & Exp.						
4. Publicity Expenses						
5. Rental Fees						
6. Expendable Supplies/Material						
7. Printing and Postage						
8. Miscellaneous						
TOTALS						
	TOTAL PROJECT FUNDS APPROVED			TOTAL PROJECT FUNDS EXPENDED		

LOCAL MATCHING INCOME

	APPROVED MATCH	MATCH RECEIVED
1. Earned Income		
3. Other grants/contributions. .		
4. Cash and Inkind		
TOTALS		

Describe promotional efforts for this project (attach materials)

- a. Schedule of Activities.
- b. Copies of printed publicity programs, clippings, etc.
- c. Visual documentation – photos, slides, video tapes.

Name and describe the participation of other groups involved as co-sponsors or recipients of specific services.

Attendance if any performance, workshops, etc., have been completed.

Number of performances, workshops, etc.	_____
Number of people in attendance.	_____
% of anticipated audience.	_____
Number of children served.	_____

OPTIONAL: Suggestions for improved EC RDC services related to this project.

CERTIFICATION: I certify that the information contained in this report is true and correct to the best of my knowledge.

Typed Name

Fiscal Agent
Title

Signature

Date