

smART Ventures Funding Program - FINAL REPORT

Please complete and return <u>with a signed invoice</u> within 30 days of COMPLETING your project.

No payment can be made until your invoice and this report are received.

Name or Brief Description of Project:						
Name of Individual/Organization carrying out project:						
Date(s) of project:		Neighborhood(s) of project activity:				
Project Contact Person:	Phone:		E-mail:			
Total number of performances, exhibit or event days, or opportunities for the public to participate:						
Total number of persons participating	nefitting:		Total number of artists participating:			
Total number of CDs, DVDs, publication	(if applicable):		Ticket/admission price:			
Total Office of Arts & Culture Award Amount:			_	\$		
Please answer the following. Your responses to these questions help us account for how public funds are used to enrich Seattle with arts and culture, and to make a case for additional support in the future. • What happened? Please tell us how your project went. (Provide a simple but specific description. Did it meet your goals? Were there any surprises?)						
 Who participated? Briefly describe your audience. (For example, the age range, were people from any particular ethnic background or other interest groups present?) 						

 What impact did your project achieve? Check all that apply: Provided a one-time arts/culture opportunity 	Built community relations through arts/culture				
Used one-time funds to start or complete a project Expanded participation/audience for arts/culture	Met a community need or goal through arts/culture				
Served under-represented artists, cultural groups Other (explain):	arts) cartare				
 Will you repeat this event or opportunity? Explain why or why n 	ot?				
 Share a story or remarks from anyone involved in your proof others). 	oject (audience, participants, volunteers, or				
Other comments:					
ADDITIONAL ENCLOSURES – Please check ALL that you are er	nclosing or sending.				
☐ <i>REQUIRED attachment</i> : One piece of promotional materia	I showing required City credit.				
☐ Highly desired: 3-6 photos (digital images preferred) with	photographer's name.				
☐ Required if you are sending photos: You MUST fill out and project manager. Dow	e-mail the Photo Submission Form to your <u>ynload the instructions and the form</u> .				
Are you a bilingual a	applicant?				
If so, would you be willing to be contacted to help us serve and English language skills?	• •				
☐ Sure, you can contact me. I speak [please name language(s)]:				
Return signed invoice a	nd report to:				
smART Ventures. Office of Arts & Culture. P.O. Box 94748. Seattle. WA 98124-4748					