

**SOUTHWEST MINNESOTA ARTS & HUMANITIES COUNCIL**

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Marshall, Minnesota 56258  
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(507) 537-1471 or 1-800-622-5284

<b>FOR OFFICE USE ONLY</b>
Project Number: _____
Due Date: _____
Date Received: _____

**SMAHC/McKNIGHT ARTS CHALLENGE GRANT**  
**FINAL REPORT FORM**

1. Name of Applicant Organization: \_\_\_\_\_

Authorizing Official: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Project director: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. What were the dates of your fund drive?

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
month/day/year month/day/year

4. Please describe the memberships or any presold ticket sales during the 12 months prior to this project (as shown in your application):

<u>TYPE OF MEMBERSHIP/TICKET</u>	<u>PRICE</u>	<u>NUMBER</u>	<u>INCOME (price x number)</u>
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Total Income from presold ticket or membership sales during previous fund drive: \$ \_\_\_\_\_

Total Number of memberships/tickets sold during previous fund drive: # \_\_\_\_\_

5. Please describe the actual sales of all memberships or presold tickets during the time period covered by this grant:

<u>TYPE OF MEMBERSHIP/TICKET</u>	<u>PRICE</u>	<u>NUMBER</u>	<u>INCOME (price x number)</u>
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Total Actual Income from presold ticket or membership sales during fund drive: \$ \_\_\_\_\_

Total Actual Number of memberships/tickets sold during fund drive: # \_\_\_\_\_

6. TOTAL AMOUNT OF **NEW OR INCREASED** MEMBERSHIPS RECEIVED DURING CURRENT FUND DRIVE: \$ \_\_\_\_\_

7. Attach a list showing old and “new” members and increased memberships (a “new” member is one who has not been a member for the past 2 fiscal years).
8. Attach examples of publicity for your fund drive showing inclusion of the SMAHC grant credit line.
9. Has the SMAHC/McKnight Challenge Grant helped to increase membership? \_\_\_\_\_ If so, how?
10. If the SMAHC Challenge Grant program continues, should it be changed? \_\_\_\_\_ If so, how?
10. What did you learn from your recent fund drive? Were the results what you expected?

CERTIFICATION: We certify that the information in this report is true and correct to the best of our knowledge:

Signature of Authorizing Official: \_\_\_\_\_

\_\_\_\_\_ Date

Signature of Project Director: \_\_\_\_\_

\_\_\_\_\_ Date