

FOR OFFICE USE ONLY
Project Number: _____
Due Date: _____
Date Received: _____

SOUTHWEST MINNESOTA ARTS & HUMANITIES COUNCIL
 1210 East College Drive, Suite #600
 Marshall, MN 56258
smahcinfo@iw.net / www.smahc.org
 507-537-1471 or 1-800-622-5284

**CULTURAL BANK
 FINAL REPORT**

- Describe why you believe the program was (or was not) successful.

- Please submit (attach with this report) at least two different examples of publicity that you acknowledged support by the Southwest Minnesota Arts and Humanities Council’s Cultural Bank.

- FINANCIAL REPORT:** Clearly identify each item

<u>Actual Expenses</u>	<u>Actual Income</u>
1. Salaries/Artists Fees _____ \$ _____ _____ \$ _____	1. Cash on hand in treasury or budgeted for the Program \$ _____
2. Expendable Supplies & Materials _____ \$ _____ _____ \$ _____	2. Ticket Sales \$ _____ Ticket Price(s) _____ # tickets sold _____
3. Publicity (printing, ads) _____ \$ _____ _____ \$ _____	3. Other Earned Income \$ _____ (ad sales, concessions, etc.)
4. Transportation & Subsistence _____ \$ _____ _____ \$ _____	4. Other (describe) _____ \$ _____ _____ \$ _____ _____ \$ _____
5. Communications (phone, postage) _____ \$ _____ _____ \$ _____	
6. Rental & Other _____ \$ _____ _____ \$ _____	
TOTAL \$ _____	TOTAL \$ _____

- Amount of Cultural Bank funds claimed: \$ _____

- I certify that the above information is true to the best of my knowledge.

Authorizing Official: _____
Signature Date

Typed Name