

**MCKNIGHT/SMAHC
INDIVIDUAL ARTISTS PROGRAM
FINAL REPORT (ALL CATEGORIES)**

FOR OFFICE USE ONLY

Application # _____

Date Received _____

Postmarked _____

Project Completion Date: _____

All recipients of SMAHC Individual Artists Program awards must complete and return this form to SMAHC within sixty (60) days of the completion of their project. Further requests from the grantee will not be considered until the final reports from completed past projects have been filed. Please direct any questions and send your completed form to SMAHC, 1210 East College Drive, Suite 600, Marshall, MN 56258, 507-537-1471 or 1-800-622-5284.

1. Applicant Name: _____ Telephone: _____
2. Address: _____ City/State/Zip: _____
3. If the project differed in any way from the original description in your application, please describe any changes:
4. Did you consider the project successful?
5. What were its strengths?
6. What were its weaknesses?
7. Did this project result in a wider audience for your work?
8. Please provide estimated numbers of persons exposed to your work as a direct result of this project:
9. Describe the community event involved in this project. What was the community response and/or impact as a result of your project/plan?
10. Are there specific ways in which this project helped you to achieve your career goals as an artist? *Please describe.*
11. How has this project contributed to your professional growth? *Please be specific.*
12. In order to assist our clients, we need suggestions from grantees. Please feel free to discuss areas in which SMAHC can better serve you. (For example, is there adequate communication between SMAHC staff and the grantee? Are the program information, application form, and final report form clear and understandable? Include other comments you may have.)

Attach copies of invoices verifying expenses.

1. Production
 - Materials \$ _____
 - Tools \$ _____
 - Contracted Labor \$ _____

2. Workshop Expenses
 - Tuition/Fees \$ _____
Describe:

 - Other \$ _____
Explain:

3. Transportation
 - Mileage _____ miles x _____ cents/mile = \$ _____
Describe: (how many trips, from where to where)

 - Lodging \$ _____
Detail: (number of nights, etc.)

 - Food \$ _____

4. Fees to Artist Mentor \$ _____
Detail (\$ _____/hour x _____ hours, Name of Artist, number of meetings, etc.):

5. Other (Specify) \$ _____

TOTAL COST OF PROJECT: \$ _____

TOTAL AMOUNT OF SMAHC ASSISTANCE
NEEDED (up to maximum of grant award): \$ _____

INCOME FROM PROJECT: \$ _____ (NOTE: will not reduce grant award)
Describe:

If this project resulted in the creation of new work, please include pictures, slides or tapes of that work.

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