

# SMALL GRANT FINAL REPORT



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I. Applicant/Organization (Name, Address, Zip Code):  _____  _____  _____  _____  _____  Grant Period (month/year): _____	<b>To be completed by person filling out this form:</b> (Please indicate name, address and phone number)  _____  _____  _____  _____  _____
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## II. GRANT BUDGET

TYPE OF EXPENSE	TOTAL	SOURCE OF INCOME	TOTAL
Personnel		Applicant Cash	_____
Administrative	_____	Admission/Sales	_____
Artistic*	_____	Private Support:	
Technical/Production*	_____	Corporate _____	_____
Other _____	_____	Foundation _____	_____
Outside Fees & Services	_____	Other _____	_____
_____	_____		
_____	_____		
Space Rental	_____	Government Support/Grants	
Travel	_____	(do not include your Arts Council grant here)	
Marketing	_____	Federal _____	_____
Other Expenses	_____	State/Regional _____	_____
_____	_____	County _____	_____
_____	_____	City _____	_____
_____	_____	Other Revenue _____	_____
_____	_____		
		<b>INCOME SUBTOTAL:</b>	_____
		<b>ARTS COUNCIL GRANT AWARD:</b>	_____
<b>TOTAL EXPENSES:</b>		<b>TOTAL INCOME:</b>	

*\*Individual Artists - Up to one half of the cash match may be accounted for by the cash value of applicant artist's creative time or technical/production. How the value of this time has been calculated must be included in the detailed project budget.*

