



ARTS COUNCIL FOR THE NORTHERN ADIRONDACKS

FINAL REPORT

2012 Cultural Assistance Program (CAP) Grant

RETURN THIS REPORT WITHIN 30 DAYS AFTER THE COMPLETION OF THE CAP PROJECT

Name of Organization:

Contact Person:

Address:

Phone:

Title of Project:

Amount of CAP Grant:

Number of People Served:

Number of Artists Participating:

Briefly describe the project:

2010 CAP Project Income and Expenses

Itemize

The following statement was written in at least one form of publicity:

"Made possible, in part, with an Arts Council for the Northern Adirondacks CAP Grant Funded by the Essex County Board of Supervisors."

This appeared in: (check one or more) posters programs sign at exhibit

other (specify)

Please include copies of publicity with this report

I hereby certify that _____ has performed the
name of organization
services and activities for which Cultural Assistance Program (CAP) funds were awarded.

Date

Signature

Title