

S.O.S. FINAL REPORT

(Strategic Opportunity Stipend)

Please complete a Final Report within 30 days of completion of your opportunity & return to:

S.O.S. Program
Arts Council for the Northern Adirondacks
PO Box 187,
Westport, NY 12993

You may attach any press releases, photos, announcements or other pertinent material.

APPLICATION YEAR AND ROUND: _____

NAME _____

ADDRESS _____ **NY** _____
CITY ZIP



Please check here if you would consider serving as an SOS panelist
Telephone number(s) Day: _____ Eve: _____

1. Name of opportunity (Title including mentor, performance or exhibition space).

2. Briefly describe your Strategic Opportunity and how it affected your career development.

3. Your S.O.S. grant was used to pay for (please check all that apply):

___ travel

___ rent equipment or studio space

___ mount or stage a show/performance/exhibition

___ hire assistants or performers

___ purchase materials

___ produce promotional materials for a
performance/exhibition

___ other (please specify) _____

4. List expenses covered by your S.O.S. and attach appropriate receipts:

5. Please use this space for any additional comments on the S.O.S. program.

Signature

Date