

# CHARLES COUNTY ARTS ALLIANCE

## FINAL REPORT FORM FOR FY 2025

### Community Arts Development Grants

- FY 2025 General Operating (GO) Grant Due: July 22, 2025
- FY 2025 Special Project (SP) Grant Due: No later than 21 days after the completion of your program

**Your hard copy report must be received in the mail by the due date (not the postmarked date), or your organization will be in violation of your Grant Agreement with the CCAA. Mail to CCAA, PO Box 697, White Plains, MD 20695.**

**Please complete all items below and return this completed form to the CCAA at the above address by the specified deadline:**

|  |    |
|--|----|
| 1. Name of Organization  |    |
| 2. Grant Amount Received   | \$ |
| 3. Description of activities or special projects that were funded by your CCAA Grant Money:  |    |
| Name of Artist(s)  |    |
| Project Type/Art Form  |    |
| Actual DATE(S) of project(s)   |    |
| Goals of Project ( <i>be specific</i> )  |    |
| Number of Days   |    |
| 4. Did your organization achieve the objectives set forth in the original CCAA grant application?  |    |
| 5. Please describe the challenges your organization faced in carrying out your activities or project.  |    |
| 6. Please describe the successes your organization faced in carrying out your activities or project.   |    |
| 7. How many individuals benefited from your activities or special project being supported with CCAA grant money?                               |    |
| Number of Artists Benefitting from the Grant   |    |
| Total Number of Individuals Benefitting from the Grant   |    |
| Number of Children/Youth under 18 Benefitting from the Grant   |    |
| 8. What are the short and long-term effects of receiving CCAA grant support for your arts organization or special project? Please be specific. |    |
| Please complete expenses and revenues on next page.  |    |

Please provide a financial account of your **actual** expenses and revenues for your organization's project for FY 2025 (7/1/24 - 6/30/25) activities. Please provide a separate detailed budget if a further breakdown is needed to clarify exactly how your funding was spent. Complete the following page:

| <b><u>CASH EXPENSES</u></b>                    | <b><u>July 1, 2024, to<br/>June 30, 2025</u></b> | <b><u>CASH INCOME</u></b>          | <b><u>July 1, 2024, to<br/>June 30, 2025</u></b> |
|--|--|------------------------------------|--|
| <b><i>Personnel Salaries &amp; Fees:</i></b>   |  | <b><i>Earned Income:</i></b>       |  |
| Personnel - Administrative                     |  | Individual admissions/tickets      |  |
| Personnel - Artistic                           |  | Memberships/subscriptions          |  |
| Personnel - Educational                        |  | Tuition                            |  |
| Personnel - Technical                          |  | Proceeds from fundraising          |  |
|  |  | Interest income                    |  |
| <b><i>Administration &amp; Operations:</i></b> |  | <b><i>Contracted services:</i></b> |  |
| Rent   |  | Facility rental                    |  |
| Utilities                                      |  | Advertising sales                  |  |
| Office Supplies                                |  | Proceeds from goods sold           |  |
| Office equipment rental                        |  |                                    |  |
| Office printing/copying                        |  | <b><i>Contributed Support:</i></b> |  |
| Postal expenses                                |  | Individual donations               |  |
| Security                                       |  | Corporate                          |  |
| Travel   |  | Foundation                         |  |
| Insurance                                      |  | Other (list)                       |  |
| Legal/Accounting                               |  |                                    |  |
| Dues/association memberships                   |  |                                    |  |
|  |  |                                    |  |
| <b><i>Programming:</i></b>                     |  | <b><i>Public:</i></b>              |  |
| Production expenses                            |  | National Endowment for the Arts    |  |
| Educational expenses                           |  | Other Federal Agencies             |  |
| Facility/equipment rental                      |  | Maryland State Arts Council        |  |
| Printing                                       |  | County or City                     |  |
| Scholarships/awards                            |  | Charles County Arts Alliance       |  |
| Copyright/licensing fees                       |  |                                    |  |
| Travel   |  | <b>TOTAL INCOME</b>                |  |
|  |  |                                    |  |
| <b><i>Fundraising/Marketing/Retail:</i></b>    |  |                                    |  |
| Paid advertising                               |  |                                    |  |
| Direct mailing                                 |  |                                    |  |
| Fundraising events                             |  |                                    |  |
| Cost of goods purchased for sale               |  |                                    |  |
|  |  |                                    |  |
| <b>TOTAL EXPENSES</b>                          |  |                                    |  |

**Attachments:** With this report, please supply copies of publicity materials, programs, and published news articles used to promote arts events and activities that took place with CCAA grant support. Please highlight where credit was given to the Charles County Arts Alliance in your promotional materials.

We certify that all information contained in this Final Report Form is true and accurate.

|  |            |
|--|------------|
| <b>Signature of Person Completing Final Report</b> |            |
| <b>Typed Name:</b>                                 |            |
| <b>Title:</b>                                      |            |
| <b>Date:</b>                                       |            |
| <b>Email:</b>                                      |            |
| <b>Phone: (H)</b>                                  | <b>(C)</b> |
| <b>Signature of President</b>                      |            |
| <b>Typed Name:</b>                                 |            |
| <b>Title:</b>                                      |            |
| <b>Date:</b>                                       |            |
| <b>Email:</b>                                      |            |
| <b>Phone: (H)</b>                                  | <b>(C)</b> |
| <b>Signature of Treasurer</b>                      |            |
| <b>Typed Name:</b>                                 |            |
| <b>Title:</b>                                      |            |
| <b>Date:</b>                                       |            |
| <b>Email:</b>                                      |            |
| <b>Phone: (H)</b>                                  | <b>(C)</b> |

**Your hard copy report must be received in the mail by the date due, or your organization will be in violation of your Grant Agreement with the CCAA. Mail to CCAA, PO Box 697, White Plains, MD 20695.**