## 2019 ARTSFUND Grants Program Grant Period: July 1, 2019 – June 30, 2021

FINAL REPORT FORM DUE DATE: JULY 30, 2021

Date _	ARTSFUI	ND Grant Period	Grant Awar	d Amount \$
Organ	ization Name			
Mailin	g Address			
Conta	ct Person		Title	
Phone	e Email <i>A</i>	Address	Website	
use th	e space provided. No sup	porting documents should at www.acgov.org/arts -	l be submitted. A digital ver	ission by the deadline. Please sion of this form is available FUND. You may submit this
1.	Provide a brief description of approved grant-funded general operating and/or programming. Briefly describe any changes in your general operating and/or program(s) since the application was submitted. (Answer in the space provided below.)			
2.	Was your organization al achieved, please explain	_	originally intended for this gr	ant? If all the goals were not
3.	Approximately how man	y people were directly rea	ched by this program?	
4.	OPTIONAL: Please feel free to convey any other information about your organization and/or the ARTSFUND Grant Program.			
I certif		e terms and conditions of t	_	rganization): TSFUND Terms and Conditions of
SIGNATURE		DATE	PRINTED NAME	TITLE