



**STATEWIDE COMMUNITY REGRANTS
(SCR)
RESTART NY GRANT
FINAL REPORT (2021)**

For

Project _____

Auburn Public Theater
PO Box 771
Auburn, NY 13021
www.auburnpublictheater.org
315-253-6669
janie@auburnpublictheater.org



**Council on
the Arts**

ORGANIZATION INFORMATION (if fiscally sponsored, please indicate sponsoring organization's information)

Organization's/ Individual's Legal Name			Report Date
Mailing Address	City	County	Zip Code
Person Preparing Report		Phone Number	
Email Address			
Amount of Grant	Project Dates		
Project Title			

Please answer the following questions. Project photos, promotional materials, letters to State Legislators, and financial information should also accompany your final report.

1. Please describe the project for which your organization was funded through Statewide Community Regrants and the extent to which the contract agreement was met. *Please attach photos of the project.*

2. Did you change your project (relevant facts, estimates, projections, etc.) as outlined in your application or agreement? If so, please list and explain them here. Did the SCR Coordinator approve these changes? Please note if changes were due to COVID-19.

3. How was the project publicized? *Please attach copies of press coverage and other promotional materials (e.g., posters, programs).*

4. How many artists participated? List artists' names and disciplines.

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5. Approximately how many people were in the audience/workshop?

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6. What was the demographic breakdown of your group? Please estimate how many of your audience members/participants belonged to each of the following groups.

People with disabilities		Asian	
At-risk youth		American Indian/Alaska Native	
Youth (total)		Black/African American	
Senior Citizens		Hispanic/Latino	

7. Describe, as best as you can, the audience/participants in terms of other demographic factors (age, gender, income, place of residence, etc.).

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8. Give a general breakdown of how the grant funds were spent. *Please attach a final budget and/or treasurer's report as well as copies of receipts, checks and/or invoices – do not send originals.*

9.) How did you/your organization find this RESTART NY grant most helpful?

Final Report Budget

PROJECT EXPENSES List <u>ALL</u> expense items	Amount covered by the grant	Amount <i>not</i> covered by the grant	Total Cost
1. Artistic Fees			
2. Technical Fees			
3. Marketing			
4. Travel			
5. Hospitality			
6. Equipment Rental			
7. Venue Rental			
8. Supplies			
9. Postage			
12. Other:			
TOTAL PROJECT EXPENSES	\$	\$	\$
PROJECT INCOME List <u>ALL</u> Funding Sources for this Project	AMOUNT CASH	AMOUNT IN-KIND	TOTAL INCOME
1. RESTART NY GRANT			
2. Admission Fees			
3. Membership/Dues			
4. Workshops/Sales			
5. Contributions (Individual)			
6. Contributions (Corporate)			
7. Other Grants (List):			
8. Other (explain):			
TOTAL PROJECT INCOME	\$	\$	\$

I hereby certify that _____ performed the services as
(name of award recipient)
as stated in the original funding agreement with the Decentralization Program as has done so during the
period agreed upon in accordance with submitted or revised and approved budgets.

Signature of Project Manager

Date

Typed Name of Project Manager

Signature of Executive Director of Sponsoring or Applicant Organization

Date

Typed Name of Executive Director of Sponsoring or Applicant Organization