



ARTS EDUCATION FINAL REPORT (2026)

PROJECT: _____

Statewide Community Regrants
Auburn Public Theater
PO Box 771
8 Exchange Street
Auburn, NY 13021
Dominic Gambaiani, SCR
Coordinator
dominic@auburnpublictheater.org
315-253-6669
www.auburnpublictheater.org



**Council on
the Arts**

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?

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

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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.*

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9. How can Statewide Community Re-grants at Auburn Public Theater, and specifically the Arts Education Grant program, be improved to serve you and/or others better in the upcoming funding years?

10. If possible, please provide the names and contact information for anyone who might be interested in serving as grants panelists. Thank you!

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. Space			
. Supplies			
9. Postage			
10. Other:			
11. Other:			
12. Other:			
TOTAL PROJECT EXPENSES	\$	\$	\$
PROJECT INCOME List <u>ALL</u> Funding Sources for this Project	AMOUNT CASH	AMOUNT IN-KIND	TOTAL INCOME
1. ARTS EDUCATION 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)
stated in the original contract with the Statewide Community Re-grants Program 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