

Exhibit B
FINAL REPORT
Mid Atlantic Arts Foundation
Jazz Touring Network

All programs and publicity materials are included.

SECTION ONE: CONTACT INFORMATION

Grantee: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone: _____

Fax: _____ Email _____

Artists/Company Presented: _____

Management (if different from above): _____

SECTION TWO: PROJECT DATA

Please complete as many of the fields below as relate to your project.

Activity Start Date: _____ Activity End Date: _____ Actual Days of Service: _____

_____ Number of performances:

_____ Total audience for the performance(s):

_____ Number of complementary activities* designed to support the performance:

_____ Total participants for complementary activities*:

_____ Total seating capacity of facility:

_____ Of the total individuals benefiting, how many were children or youth?

_____ Number of artists providing services:

_____ % What percentage of the participants/audience for these activities was culturally diverse*?
(*including African, Asian, Latino, Native American, Indian/Alaskan Native, Asian/Pacific Islander)

RATINGS SURVEY

1. Please consider your original reasons for undertaking the project when answering the following questions.

	Not at all	Slightly	Moderately	Significantly	N/A
a. To what extent were you able to meet the goals that you had established for this project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. To what extent did the project expand your programming options?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. To what extent did Jazz Touring Network funding for the project help your organization to leverage other resources (both cash and in-kind) for the engagement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Additional comments:					

2. Please consider the outreach component of the project when answering the following questions.

a. To what extent did the project allow you to continue an existing collaboration with school, health, social service, or other community based organizations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. To what extent did the project encourage you to develop new relationships with school, health, social service, or other community based organizations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. To what extent did the project help you to strengthen your ongoing audience development efforts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. To what extent did the project help you to target new groups for audience development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Additional comments:					

3. Please consider this definition of “underserved” when answering the following questions:

“A population that, for reasons of geography, economic conditions, ethnic background, disability or age, is underserved by the arts.”

a. Using the list below, define the underserved population that you regularly count as audience members (You may check more than one category).

- geographic isolation/ rural economic conditions ethnic background
 disability age
 Other (describe):

b. Which group or group(s) of people were you targeting to serve through this project (You may check more than one category).

- geographic isolation/ rural economic conditions ethnic background
 disability age
 Other (describe):

c. To what extent did you meet your goal of serving the above group(s) of people through this project?

4. In answering the following questions, please consider this definition of "cultural diversity":
"Of American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, Black or African American, or Hispanic or Latino heritage."

a. What percentage of your current audience is culturally diverse? _____ %

b. Was a goal of your project to further diversify your audience? Yes

c. To what extent did you meet your audience diversity goal with this project?

5. How satisfied were you with the artist and management?

	Not satisfied	Satisfied	Very Satisfied	N/A
a. Promotional material quality and timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cooperation/attitude prior to engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cooperation/attitude during engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Performance quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Teaching abilities (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. COMPLETE AN ITEMIZED FINAL BUDGET FOR THE PROJECT SHOWING ACTUAL EXPENSES AND REVENUES (see following page)

Please show **expenses for the ENTIRE project**, not just the portion of the project covered by the *Jazz Touring Network* grant. Remember that actual Total Income must **at least equal** Actual Total Expenses.

7. Please attach a **narrative** with specific comments and anecdotes that emerged from this engagement that you wish to share with the Foundation.

8. Please remember that in order to fulfill the requirement of your grant you must credit the Foundation for this engagement. Please include copies of all **publicity materials** and programs crediting the Foundation, including press releases, invitations, brochures, and copies of press clippings, radio and TV coverage etc.

ACTUAL PROJECT BUDGET

PROJECT CASH EXPENSES (Please round off all figures to the nearest dollar)

Personnel (personnel specifically identified with the project and considered employees of grantee) _____

Outside Professional Services Artistic (artists/company fee supported by this grant) _____

Other (non-artistic consultants or other artists employed specifically for this project, e.g.) _____

Artist Travel (additional costs of lodging, food, vehicle rental, etc. if not included in artist fee) _____

Performance Space Rental (rental of hall, auditorium, theater) _____

Marketing (radio, TV, newspaper ads, brochures, posters, etc.) _____

Remaining Operating Expenses _____

ACTUAL TOTAL CASH EXPENSES \$ _____

PROJECT CASH INCOME

Admissions (sale of tickets, admissions, series subscriptions) _____

Contracted Services Revenue _____

Other Revenue (concessions, posters, food, drink, t-shirts, etc.) _____

Corporate Support _____

Foundation Support (other than Mid Atlantic Arts Foundation) _____

Other Private Support _____

Federal Government Support _____

State Government Support _____

Local Government Support _____

Grantee Cash (accumulated resources, savings, student activities fees, etc., specifically applied to this project) _____

Actual Total Grantee Cash Revenue (Total of above income figures) (SUBTOTAL) \$ _____

Mid Atlantic Arts Foundation Grant Amount _____

ACTUAL TOTAL CASH INCOME (SUBTOTAL plus Grant Amount Spent) _____

Note: Total Cash Income must at least equal Total Cash Expenses. \$ _____

Total In-Kind Contributions (Cash value of all items donated to this project) _____

I hereby certify to the best of my knowledge and belief that this report is true and correct and accurately represents the activities for which the grant award was made, and that all outlays, including awarded grant funds, were spent as set forth in the Grant Award Agreement.

Signature _____ Date _____

Typed Name and Title _____