

Galway Public Library
Final Report “Arts & Literary Grant, Funded by the *Story Quilt Book*”

Please return within 30 days of completion of your grant project/program to
Galway Public Library, P. O. Box 207, Galway NY 12074

Artist Name:
Address:

Date:

E-Mail:

Phone:

Please give a brief description (or title) of your “Arts & Literary Grant, Funded by the Story Quilt Book,” project/program.

Did you change your project/program as outlined in your application? If so, please explain the changes.

Please describe the community you targeted with your project/program and the nature of your interaction with them. What were the reactions to your project/program? Include specific comments from participants if you wish.

Did the project meet your expectations as outlined in your application? Were there any unexpected benefits for you?

Do you have any suggestions for improvement or changes in the “Arts & Literary Grant, Funded by the *Story Quilt Book*” application or administration?

Please complete the final budget report on page 2.

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Provide actual figures for income and expenses associated with your “Arts & Literary Grant, Funded by the Story Quilt Book” project. If your project costs more than your grant amount, indicate which expenses were paid with your grant funds.

Attach copies of receipts for grant-funded expenditures if you have not already submitted them to the Library Director for reimbursement.

PROJECT INCOME	
Grant funds	\$
Other (<i>specify below</i>)	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL PROJECT INCOME	\$

PROJECT EXPENSES (<i>attach itemized list</i>)	
Artist's Fee	\$
Materials (<i>specify below</i>)	
	\$
	\$
	\$
	\$
	\$
	\$
Other (<i>specify below</i>)	\$
	\$
	\$
	\$
TOTAL PROJECT EXPENSES	\$

NET GAIN OR (LOSS) [<i>e.g. Income minus Expenses</i>]	\$
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FINAL REPORT ATTACHMENTS

- Articles and/or Reviews about the project, if available/applicable
- Copies of Publicity for the funded program if available/applicable
- Copies of Receipts, as described above