

Grantee name:	Year awarded: PCJ 2020
Contact person:	Title:
Address:	
Phone:	Email:
CMA member#	EIN#
Your consortium partners:	
Your organization was the (please check one) <input type="checkbox"/> Lead Presenter <input type="checkbox"/> Presenter Partner	

A. YOUR PRESENTER CONSORTIUM FOR JAZZ PROJECT

Please summarize your project including any activities in addition to the concert performances.

Please complete the table below for each ensemble presented.

	Ensemble 1	Ensemble 2	Ensemble 3
Name of Ensemble			
Date			
Venue			
House capacity			
# Tickets Sold			
# Tickets Comp			
Ticket price(s)			
Musician 1+instrument(s)			
Musician 2+instrument(s)			
Musician 3+instrument(s)			
Musician 4+instrument(s)			
Musician 5+instrument(s)			
Musician 6+instrument(s)			
Musician 7+instrument(s)			
Musician 8+instrument(s)			
Musician 9+instrument(s)			
Musician 10+instrument(s)			

Please summarize your marketing efforts and the results you achieved. (Explain digital promotion for the event as well as the number of people who registered for/ were able to experience the event.)

Please compare your projected and actual income and expenses.

EXPENSES	PROJECTED	ACTUAL
Ensemble(s) fee(s)	\$	\$
Ensemble(s) travel	\$	\$
Ensemble(s) housing/per diem	\$	\$
Production	\$	\$
Marketing	\$	\$
TOTAL EXPENSES	\$	\$
EARNED INCOME		
Ticket sales	\$	\$
Merchandise sales	\$	\$
Other	\$	\$
TOTAL EARNED INCOME	\$	\$
CONTRIBUTED INCOME		
Government	\$	\$
Corporate	\$	\$
Foundation	\$	\$
Individual	\$	\$
Other	\$	\$
TOTAL CONTRIBUTED INCOME	\$	\$
TOTAL EARNED AND CONTRIBUTED INCOME	\$	\$
CMA GRANT	\$	\$
TOTAL INCOME (Earned Income, Contributed Income, plus CMA Grant)	\$	\$
SURPLUS/DEFICIT (Total Income minus Total Expenses)	\$	\$

Did problems arise resulting from the collaborative nature of the project? If so, please describe the issue(s) and if/how you found resolution.

Had you been part of a presenting consortium prior to receiving this grant? Y N

If yes, did it involve either of your partners in this project? Y N

Would you have undertaken this project without consortium grant support? Y N

Do you anticipate seeking other consortium opportunities that *are* connected to grant funds? Y N

Do you anticipate seeking other consortium opportunities that are *not* connected to grant funds? Y N

If you could determine this program's application deadline, what month would you select, and why?

Did you have adequate opportunity in the application to make your best case for funding? Y N

If not, please explain.

Please share key pandemic related experiences as presenting organization

Do you have any recommendations for improving the application form(s) and/or process?

Do you have any other comments or suggestions?

Yes, one copy of marketing, press and media documentation of grant activities is included in this report.

*To the best of my knowledge, the information reported above is correct
and all cash payouts have been made in accordance with grant requirements.*

Contact person	Title
Signature	Date

Please email report to:
Gargi Shindé: gshinde@chamber-music.org
Program Director | CMA Jazz