

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 Shinde: [gshinde@chamber-music.org](mailto:gshinde@chamber-music.org)  
Program Director | CMA Jazz