

ber Music Am

RESIDENCY PARTNERSHIP PROGRAM GRANT AGREEMENT FINAL REPORT

Organizing Partner:	
Performing Partner:	
Community Partners:	
Residency Type:	Short Term <input type="checkbox"/> Extended <input type="checkbox"/>

1. List each residency activity individually and use codes:

Activity Type: 1. Workshop 2.Coaching 3. Master class 4. Lecture/ demonstration 5. Concert 6. Other

Venue Type: A. School B. Senior Facility C. Community Center D. Hospital E. Arts Center F. Other

[illegible]

2. Please restate the project goals from your application and tell us if and how you were able to meet each goal.

3. Describe the role that each partner played in the planning, coordination, performance, and/or evaluation of the residency.

Partner One:

Partner Two:

Partner Three:

Partner Four:

4. If this was a school-based residency, please describe how you prepared/involved school administrators and teachers.

5. Did the residency expand partnerships with community organizations such as libraries, hospitals, senior centers, schools, and/or other local groups? Please describe.

6. Did the level of preparedness of the activity participants meet your expectations?

7. Did the residency engage and/or develop new audiences for chamber music (classical, contemporary, world, jazz)? Please describe.

8. Describe your experience working with underserved communities in this residency. Tell us about the individual communities and the activities that they participated in.

9. How successful were you in implementing your evaluation plan as stated in the application? Please summarize the information and include copies of any related materials.

10. What did you learn from this residency?

COMPARATIVE FINANCIAL SUMMARY

EXPENSES

Performing Partner Expenses

Residency fee	\$ _____	\$ _____
Guest artists fees	\$ _____	\$ _____
Housing/ per diem	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Performing Partner Expenses Total	\$ _____	\$ _____

Production/Marketing

Production costs	\$ _____	\$ _____
Printing	\$ _____	\$ _____
Advertising	\$ _____	\$ _____
Postage	\$ _____	\$ _____
Production/Marketing Total	\$ _____	\$ _____

Administrative

Residency Coordinator	\$ _____	\$ _____
Administrative Total	\$ _____	\$ _____

Other Expenses *please list*

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other Total	\$ _____	\$ _____

TOTAL EXPENSES

\$ _____	\$ _____
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INCOME

Earned Income

Ticket sales	\$ _____	\$ _____
Merchandise sales	\$ _____	\$ _____
Other	\$ _____	\$ _____
Other	\$ _____	\$ _____
Earned Income Total	\$ _____	\$ _____

Contributed Income

Government	\$ _____	\$ _____
Corporate	\$ _____	\$ _____
Foundation	\$ _____	\$ _____
Community partner(s) contribution	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
CMA Grant Amount	\$ _____	\$ _____
Contributed Income Total	\$ _____	\$ _____

In-kind Donations *please list*

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
In-kind Donations Total	\$ _____	\$ _____

TOTAL INCOME

\$ _____	\$ _____
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DIFFERENCE (+/-)

\$ _____	\$ _____
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Please enclose copies of your marketing pieces and press coverage.

Print Name/Title:

Date:

Signature: