



Individual Artist Fellowship Final Report Form

820 North French Street ♦ Wilmington ♦ DE ♦ 19801

302-577-8278

Email: delarts@state.de.us

App #: _____
(for office use only)

Note: All Final Reports must be submitted by December 1st

1. Individual Artist _____
2. Mailing address _____
(Street) (City) (State) (Zip Code)
3. Phone _____ Fax _____ Email _____
4. Where applicable, estimate the following for the project/program described on this form:
 - a. Number of artists participating _____
 - b. Number of youth served _____
 - c. Total number of people served (including artists and youth) _____
5. Include in Narrative section below:
 - a. The activities for which the Division of the Arts grant provided support
 - b. The impact the funded activity has had on your work or career. Were your goals realized? Were there any unanticipated results?
6. Complete the one-page Financial Report form on page 4 of this document.

I do hereby certify that all of the facts, figures, and representations made in this evaluation are true and correct to the best of my knowledge. Print/Type name: _____

Date Signature

For Office Use

_____ Program Specialist	<input type="checkbox"/> Final Payment Authorized <input type="checkbox"/> Final Payment Not Required
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**Individual Artist Fellowship
Narrative Report**

Name: _____

Brief Narrative Describing:

- a. The activities for which the Division of the Arts grant provided support
- b. The impact the funded activity has had on your work or career. Were your goals realized? Were there any unanticipated results?

**Individual Artist Fellowship
Narrative Report**

Narrative Continued

A large, empty rectangular box with a thin black border, intended for the artist's narrative report.

**Delaware Division of the Arts
Individual Artist Fellowship
Financial Report**

Name: _____

Supplies:

_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Supplies	\$ _____

Services:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Services	\$ _____

Travel (Grant money may NOT be used for foreign travel):

_____	\$ _____
_____	\$ _____
Total Travel	\$ _____

Space Rental:

_____	\$ _____
_____	\$ _____
Total Space Rental	\$ _____

Marketing, Advertising, Public Relations:

_____	\$ _____
_____	\$ _____
Total Marketing	\$ _____

Other (Grant money may NOT be used for tuition in degree-granting programs):

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

DDOA Grant: \$ _____

TOTAL EXPENSES* \$ _____

*Total expenses should equal or exceed DDOA grant amount

Signature _____