



2013-2014 PRESENTER TOURING ASSISTANCE FINAL REPORTING INSTRUCTIONS

Return no later than 30 days after the touring event and no later than June 15, 2014. You may complete this form OR reformat using a word processor and providing ALL the information requested **in the order specified below.** **Please do not return completed form via fax or email!**

Please mail to:

Virginia Commission for the Arts
1001 East Broad Street, Suite 330
Richmond, VA 23219
804.225.3132 (Voice/TDD)
www.arts.virginia.gov

Please Note New Address

GRANT ID. # _____ City/County _____
Grantee Name _____ Daytime Telephone _____
Mailing Address _____
Email _____

List the name of the touring group or artist and the activities supported by the grant. What was the attendance at each event?

Event Date	Name of Artist	Type of Event	Location	Attendance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL ATTENDANCE: _____

Special characteristics of the individuals attending. Are these figures an actual count _____ ; an estimate _____ ; unavailable _____ ?
Please give the actual number of individuals in each category and not a percentage.

Pre K through Elementary _____ College/University Student _____ * Institutionalized _____
Middle School through Secondary _____ Senior Citizen _____ * Disabled _____

* These individuals may also be counted in the other categories; e.g. a college student with disabilities should be counted under both "College/University Student" and "Disabled."

Total number of touring artists (include all in the ensemble) participating: _____

Comment about the touring group or the touring activities. Was the performance well received? Did you find the group well managed and working with it a good experience? Would you consider presenting it again? Attach another sheet if needed.

PROJECT CASH EXPENSES

Total artistic fee (including VCA grant) _____
 Facility costs (rental, security, etc.) _____
 Publicity/printing _____
 Advertising _____
 Administrative (postage, phone, etc) _____
 Other _____
TOTAL CASH EXPENSES* \$ _____

PROJECT CASH INCOME

VCA grant (get total amount from award letter) _____
 Income devoted to this project from your organization's general operating budget _____
 Ticket sales/other earned income _____
 Local government _____
 Foundation grants _____
 Individual contributions _____
 Corporate contributions _____
TOTAL CASH INCOME* \$ _____

*** IMPORTANT:**

1. Total income should at least equal total expenses.
2. If the total income exceeded total expenses, attach a statement indicating the future arts activities you propose supporting with the excess income from this project. See p. 4, #6, 2013-2014 Tour Directory.
3. In-kind expenses and income may not be included. In-kind refers to non-cash goods and services that are dedicated to this project.

I hereby certify that to the best of my knowledge all information in this final report is complete and accurate.

Typed Name _____ Title _____ Daytime Telephone _____

Signature _____ Date _____