Logo, company name

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FITCHBURG CULTURAL ALLIANCE SUPPORT GRANT

FINAL REPORT – Due 30 days after completion.

**FY:**

Project Title:

Contact Information:

Grant Amount: $0.00

1. When did you complete your Project?

2. Actual total cash expenses: How much did it cost to complete your program? $0.00

3. Participation

Number of adults engaged in in-person cultural experience:

Number of children (under 18) engaged in in-person cultural experience:

Number of artists directly involved:

4. If there were any other individuals or organizations involved in the program as planners, partners, or collaborators, please list them here.

5. Please tell us any other information you would like to share about your project (optional).

6. Please attach any high resolution, copyright-free images you have of your Council Program and provide photo credits and descriptions of the images below (optional).

Signature (type name here):

(This is an electronic signature. By submitting the form you are attesting that you are the person who signed and submitted the form and that the information contained herein is true and accurate.)

*Please email to* [*treasurer@fitchburgculturalalliance.org*](mailto:treasurer@fitchburgculturalalliance.org) *upon completion along with supporting documentation such as copies of programs, press, invoices, cancelled checks, and receipts or mail to*

*Jennifer L. Jones, 1428 Main St., 220, Fitchburg, MA 01420*