



City of Lynchburg Arts & Cultural District Program Final Report

Please provide the following information in the order specified below. Title all pages "Arts & Cultural District Program Final Report" including date of report.

Use this document as a checklist to make sure your report is complete and return no later than 45 days after completion of the project.

Electronic submission is preferred to anna.bentson@lynchburgva.gov. Questions? Please call Anna at (434) 455-4493.

1. Organization name, address, telephone, email and contact person.
2. Title of project including start and end dates.
3. Briefly describe the project that took place including any significant changes that occurred in the project's structure, budget, programming, staff, or physical location since the time your application was submitted.
4. Total project cash income and expenses. Using the table below, itemize all sources of funding for this activity, including City of Lynchburg funds, organizational operating funds devoted to this activity, earned income, any other local government support, foundation grants, corporate contributions, and cash donations from individuals. Itemize all expenses.
5. Total number of artists participating in this project.
6. Total number of individuals who directly participated in this activity, including attendance.

7. Of the total number attending, how many were age 18 or under?
8. Did you collate any other demographic statistics with this project? i.e. minority attendance, number of males/females, etc. Please provide any information gathered.
9. In your own words, how did this project effect or advance the James River Arts & Culture District?
10. Enclose publicity material, press clippings, printed programs, reviews, articles, evaluation forms, or brochures regarding the project. Highlight acknowledgment of City of Lynchburg in publicity materials.
11. Two to three high resolution images documenting the event or activity.
12. A testimonial from staff, a board member, or attendee about the Program or the specific project.

Income Source	Amount	Expense Source	Amount
Total	\$	Total	\$

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Please fill out and sign then place on top of the first page of your final report.

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

Name: _____ Title: _____

Organization: _____

Phone: _____ Email: _____

Original signature: _____

Return the completed report to the Lynchburg Office of Economic Development no later than 45 days after completion of the project.