

# GREENE COUNTY CULTURAL FUND



## FINAL REPORT FORM

Please return this FINAL REPORT FORM no later than 30 days after the end of your program or event or by January 30, 2024, whichever comes first, along with all requested documentation. Future funding consideration depends upon timely completion and submission of this form.

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

REPORT COMPLETED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

1. Please briefly describe the program or service for which your organization received funds. Include the beginning and ending dates of the project and the extent your organization's goals were reached.

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2. How many people were served by this program?

NUMBER OF INDIVIDUALS ATTENDING: \_\_\_\_\_

NUMBER OF ARTISTS PARTICIPATING: \_\_\_\_\_

NUMBER OF VOLUNTEERS INVOLVED: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

3. Please complete the following or attach a separate listing of your funded programs/events.

PROGRAM or EVENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTENDANCE: \_\_\_\_\_

INCOME: \_\_\_\_\_

4. Please describe the methods used to publicize your organization's funded program(s). Include copies of any press releases and resulting publicity. Also include printed materials, such as programs, posters, etc.

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5. Please describe how your funded program reflects the local community's needs, involvement, and support.

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6. What did these funds provide that would not have been possible for your organization without such aid?

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7. Do you have any suggestions for improvement or changes with the grant program?

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Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Return by email to [ternst@greenecountyny.gov](mailto:ternst@greenecountyny.gov) or by mailing to:

Greene County Administrator's Office  
411 Main Street, Suite 408  
Catskill, New York 12414