

II. DISCIPLINE INFORMATION

MUSIC

Form:

Symphonic _____

Operatic _____

Chamber/Recital _____

Choral _____

Style:

Ethnic _____

Folk _____

Contemporary _____

Jazz/Rock _____

Other (specify) _____

DANCE

Ballet _____

Modern _____

Ethnic _____

Other (specify) _____

DRAMA

Theatre _____

Other (specify) _____

LITERATURE

Poetry _____

Other (specify) _____

VISUAL ARTS

Museums/Galleries _____

Painting/Sculpture _____

Photography/Mixed Media _____

Crafts _____

Other (specify) _____

FILM

Architectural and

Environmental Art _____

Radio and Television _____

Arts Festivals _____

(only those that cannot be prorated
by art form in the above categories)

III. ACTIVITY INFORMATION

Performances _____

Lecture/Demonstrations _____

Master Classes _____

Seminars/Workshops _____

Company Class _____

Open Rehearsal _____

Other _____

IV. GEOGRAPHIC/AUDIENCE INFORMATION

1. In addition to the names of communities, their population, and attendance for this project, please choose the most appropriate description for each community from the list below and put the matching number in the description column.

1. Inner City

2. City (Population over 10,000)

3. Suburban Areas

4. Universities and Colleges

5. Rural Areas (Population less than 10,000)

6. Statewide

COMMUNITY

POPULATION

ATTENDANCE

DESCRIPTION

2. Please list social interest groups served by this project with approximate attendance of each group.

People with disabilities _____
Minorities _____
Senior citizens _____
Students _____
Social Interests TOTAL ATTENDANCE _____

3. Please estimate the number in your audience viewing this kind of event for the first time. _____

4. Approximate age of audience:

Under age 18 _____ %
Age 19-35 _____ %
Age 36-65 _____ %
Over age 65 _____ %

5. General Program Information

Summary of Project Description:

Total Attendance _____

Was this a pilot project? _____ Continuing Project? _____

Is there a possibility of expansion of this program? _____

If so, how would the present program be modified?

Were any new programs planned as a result of this project? _____

If so, please describe them:

Were the objectives, as stated on the application form of this project met? _____

Please explain:

How would you suggest improving similar projects in the future?

Other comments:

Reported by:

Name _____

Title _____

Address _____

Date of Completion _____

*This form must be completed within 30 days of the conclusion of the grant period.
Please include a minimum of five color or black and white photos of the event (hard copy or on cd).*