

PROJECT EVENT INFORMATION

Grantee Organization:	Date:
Grant period:	<input type="checkbox"/> One-year grant <input type="checkbox"/> Two-year grant, year one
Grant number:	<input type="checkbox"/> Two-year grant, year two (report on year two only)

Please fill in the requested information for all performances, presentations, and other public events for your project.

Event Number 1	Check One: <input type="checkbox"/> Public Performance <input type="checkbox"/> Residency/Educational/Outreach Activity
Performer(s):	
List of Repertoire (indicate composers and commissions) or Program Description:	
Locations/Dates:	
Ticket Price Range:	No. Performances:
Seating Capacity:	Attendance:
Did your organization present this program on tour? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:	

Event Number 2	Check One: <input type="checkbox"/> Public Performance <input type="checkbox"/> Residency/Educational/Outreach Activity
Performer(s):	
List of Repertoire (indicate composers and commissions) or Program Description:	
Locations/Dates:	
Ticket Price Range:	No. Performances:
Seating Capacity:	Attendance:
Did your organization present this program on tour? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:	

Event Number 3	Check One: <input type="checkbox"/> Public Performance <input type="checkbox"/> Residency/Educational/Outreach Activity
Performer(s):	
List of Repertoire (indicate composers and commissions) or Program Description:	
Locations/Dates:	
Ticket Price Range:	No. Performances:
Seating Capacity:	Attendance:
Did your organization present this program on tour? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:	

PROJECT EVENT INFORMATION

Name of organization:

Attach additional copies of this page as necessary.

Event Number _____	Check One: <input type="checkbox"/> Public Performance <input type="checkbox"/> Residency/Educational/Outreach Activity
Performer(s):	
List of Repertoire (indicate composers and commissions) or Program Description:	
Locations/Dates:	
Ticket Price Range:	No. Performances:
Seating Capacity:	Attendance:
Did your organization present this program on tour? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:	

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Performer(s):	
List of Repertoire (indicate composers and commissions) or Program Description:	
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Did your organization present this program on tour? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:	

Event Number _____	Check One: <input type="checkbox"/> Public Performance <input type="checkbox"/> Residency/Educational/Outreach Activity
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List of Repertoire (indicate composers and commissions) or Program Description:	
Locations/Dates:	
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