

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. Additional copies of this form can be downloaded at www.philadelphiamusicproject.org. Please do not create your own version of this form.

Event Number 1

Select One:	<input type="checkbox"/> Public Performance <input type="checkbox"/> Residency/Educational/Outreach Activity			
Performers:				
List of Repertoire or Program Description:	(Indicate names of all works/composers on the program. Please delete these instructions when completing this form.)			
Provide the following information for this event (list multiple presentations of the same program or activity):				
Date	Venue and Hall/City	Ticket Price Range	Seating Capacity	Attendance

Event Number 2

Select One:	<input type="checkbox"/> Public Performance <input type="checkbox"/> Residency/Educational/Outreach Activity			
Performers:				
List of Repertoire or Program Description:	(Indicate names of all works/composers on the program. Please delete these instructions when completing this form.)			
Provide the following information for this event (list multiple presentations of the same program or activity):				
Date	Venue and Hall/City	Ticket Price Range	Seating Capacity	Attendance

Event Number 3

Select One:	<input type="checkbox"/> Public Performance <input type="checkbox"/> Residency/Educational/Outreach Activity			
Performers:				
List of Repertoire or Program Description:	(Indicate names of all works/composers on the program. Please delete these instructions when completing this form.)			
Provide the following information for this event (list multiple presentations of the same program or activity):				
Date	Venue and Hall/City	Ticket Price Range	Seating Capacity	Attendance

PROJECT EVENT INFORMATION

Name of organization:

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