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Final Education Rolling Gran	t Keport Form	
Please complete this form and s	submit electronically to <u>educ</u>	cation@bathcountyarts.org
Par	rt I. Personal Informa	ation
Grantee Name (First and Last) / O	rganization	
Crance rame (rinscand Lass), Cr	. 8aa	
Address (Street Address)	(City, State, Zip)	
Telephone	Email	
Title of Project	Start Date	End Date
Pa	rt II. Project Descrip	otion
Please provide a brief description	on of your project.	



2.	Based upon the information given in your application, please provide a detailed report on the success of your project. Explain how your organization has evaluated the project. Do you plan to repeat the project next year, or make changes? If so, what changes, if any, will you make to improve the project's outcome? What new relationships have you established as a result of the project?
3.	Explain the value of Bath County Arts Association's grant in carrying out your project. Has the grant been useful in your efforts to raise additional funds and/or attract audiences or participants?