



Leave this field blank. For administrative use only.

Final Primary Education Report Form

Date: _____

Please complete this form and submit electronically to education@bathcountyarts.org

Part I. Personal Information

Grantee Name (First and Last) / Organization

Address (Street Address)

(City, State, Zip)

Telephone

Email

Title of Project

Start Date

End Date

Part II. Project Description

I. Please provide a brief description of your project.



Bath County Arts Association
P.O. Box 974
Hot Springs, VA 24445
www.bathcountyarts.org
education@bathcountyarts.org

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?