



FINAL REPORT
PRESENTER CONSORTIUM FOR JAZZ
 and SUPPLEMENTAL OPERATING SUPPORT

Grantee name:	Year awarded:
Contact person:	Title:
Address:	
Phone:	Email:
CMA member#:	EIN#:
Your consortium partners:	
Your organization was the (please check one): <input type="checkbox"/> Lead Presenter <input type="checkbox"/> Presenter Partner	

A. YOUR PRESENTER CONSORTIUM FOR JAZZ PROJECT

Please summarize your project including any activities in addition to the concert performances.

Please complete the table below for each ensemble presented.

	Ensemble 1	Ensemble 2	Ensemble 3
Name of Ensemble			
Date			
Venue			
House capacity			
# Tickets Sold			
# Tickets Comp			
Ticket price(s)			
Musician 1+instrument(s)			
Musician 2+instrument(s)			
Musician 3+instrument(s)			
Musician 4+instrument(s)			
Musician 5+instrument(s)			
Musician 6+instrument(s)			
Musician 7+instrument(s)			
Musician 8+instrument(s)			
Musician 9+instrument(s)			
Musician 10+instrument(s)			

Please summarize your marketing efforts and the results you achieved. (Detail both digital and print promotion; include both your organization's and the consortium's efforts.)

Please compare your projected and actual income and expenses.

EXPENSES	PROJECTED	ACTUAL
Ensemble(s) fee(s)		
Ensemble(s) travel		
Ensemble(s) housing/per diem		
Production		
Marketing		
TOTAL EXPENSES		
EARNED INCOME		
Ticket sales		
Merchandise sales		
Other		
TOTAL EARNED INCOME		
CONTRIBUTED INCOME		
Government		
Corporate		
Foundation		
Individual		
Other		
TOTAL CONTRIBUTED INCOME		
TOTAL EARNED AND CONTRIBUTED INCOME		
CMA GRANT		
TOTAL INCOME (Earned Income, Contributed Income, plus CMA Grant)		
SURPLUS/DEFICIT (Total Income minus Total Expenses)		

Did problems arise resulting from the collaborative nature of the project? If so, please describe the issue(s) and if/how you found resolution.

Had you been part of a presenting consortium prior to receiving this grant? Y N

If yes, did it involve either of your partners in this project? Y N

Would you have undertaken this project without consortium grant support? Y N

Do you anticipate seeking other consortium opportunities that *are* connected to grant funds? Y N

Do you anticipate seeking other consortium opportunities that are *not* connected to grant funds? Y N

If you could determine this program's application deadline, what month would you select, and why?

Did you have adequate opportunity in the application to make your best case for funding? Y N

If not, please explain.

Do you have any recommendations for improving the application form(s) and/or process?

Do you have any other comments or suggestions?

B. YOUR SUPPLEMENTAL JAZZ SUPPORT

Briefly explain how the grant was used.

Please complete the expense form below.

EXPENSES	AMOUNT
GENERAL OPERATING EXPENSE	
Salaries and benefits	
Mortgage/rent	
Utilities	
TOTAL GENERAL OPERATING EXPENSE	
PROJECT-SPECIFIC EXPENSES	
TOTAL PROJECT-SPECIFIC EXPENSES	
TOTAL EXPENSES (Must equal \$5,000)	

Yes, one copy of marketing, press and media documentation of grant activities is included in this report.
*To the best of my knowledge, the information reported above is correct
and all cash outlays have been made in accordance with grant requirements.*

Contact person	Title
Signature	Date

Please mail report to:
Chamber Music America
Presenter Consortium for Jazz Report
12 West 32nd Street, 7th Floor
New York, NY 10001