

2. Please restate the project goals from your application and tell us if and how you were able to meet each goal.

3. Describe the role that each partner played in the planning, coordination, performance, and/or evaluation of the residency.

Partner One:

Partner Two:

Partner Three:

Partner Four:

4. If this was a school-based residency, please describe how you prepared/involved school administrators and teachers.

5. Did the residency expand partnerships with community organizations such as libraries, hospitals, senior centers, schools, and/or other local groups? Please describe.

6. Did the level of preparedness of the activity participants meet your expectations?

7. Did the residency engage and/or develop new audiences for chamber music (classical, contemporary, world, jazz)? Please describe.

8. Describe your experience working with underserved communities in this residency. Tell us about the individual communities and the activities that they participated in.

9. How successful were you in implementing your evaluation plan as stated in the application? Please summarize the information and include copies of any related materials.

10. What did you learn from this residency?

COMPARATIVE FINANCIAL SUMMARY

EXPENSES	Proposed	Actual
Performing Partner Expenses		
Residency fee	\$ _____	\$ _____
Guest artists fees	\$ _____	\$ _____
Housing/per diem	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Performing Partner Expenses Total	\$ _____	\$ _____
 Production/Marketing		
Production costs	\$ _____	\$ _____
Printing	\$ _____	\$ _____
Advertising	\$ _____	\$ _____
Postage	\$ _____	\$ _____
Production/Marketing Total	\$ _____	\$ _____
 Administrative		
Residency Coordinator	\$ _____	\$ _____
Administrative Total	\$ _____	\$ _____
 Other Expenses <i>please list</i>		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other Total	\$ _____	\$ _____
 TOTAL EXPENSES	\$ _____	\$ _____
 INCOME		
Earned Income		
Ticket sales	\$ _____	\$ _____
Merchandise sales	\$ _____	\$ _____
Other	\$ _____	\$ _____
Other	\$ _____	\$ _____
Earned Income Total	\$ _____	\$ _____
 Contributed Income		
Government	\$ _____	\$ _____
Corporate	\$ _____	\$ _____
Foundation	\$ _____	\$ _____
Community partner(s) contribution	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
CMA Grant Amount	\$ _____	\$ _____
Contributed Income Total	\$ _____	\$ _____
 In-kind Donations <i>please list</i>		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
In-kind Donations Total	\$ _____	\$ _____
 TOTAL INCOME	\$ _____	\$ _____
 DIFFERENCE (+/-)	\$ _____	\$ _____

Please enclose copies of your marketing pieces and press coverage.

Print Name/Title:	Date:
Signature:	