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**Local Cultural Council Program**

**Council Program Final Report**

Council:

**FY:**

Project Title:

Contact Information:

Grant Amount: $0.00

1. When did you complete your Council Program?

2. Actual total cash expenses: How much did it cost to complete your program? $0.00

3. Participation

Number of adults engaged in in-person cultural experience:

Number of children (under 18) engaged in in-person cultural experience:

Number of artists directly involved:

4. Did you comply with Mass Cultural Council publicity requirements?

5. If there were any other individuals or organizations involved in the program as planners, partners, or collaborators, please list them here.

6. What unmet need did your Council Program provide to your community?

7. What impact did your Council Program have on your community?

8. Please tell us any other information you would like to share about the Council Program (optional).

9. Please attach any high resolution, copyright-free images you have of your Council Program and provide photo credits and descriptions of the images below (optional).

Signature (type name here):

(This is an electronic signature. By submitting the form you are attesting that you are the person who signed and submitted the form and that the information contained herein is true and accurate.)

*Please send to* [*lcc@art.state.ma.us*](mailto:lcc@art.state.ma.us) *upon completion.*