

REGIONAL ARTIST PROJECT OF NORTHWEST NORTH CAROLINA

2019-2020 ARTIST EVALUATION FORM

Complete and return this form within 30 days after of project completion or by **June 15, 2020** whichever comes first. **Please type.** You may use additional pages as necessary.

Please return completed form, along with attachments to:
Regional Artist Project Grant of Northwest North Carolina
303 School Avenue
West Jefferson, NC 28694

Name _____

Mailing Address _____

Telephone (day) _____ (evening) _____

E-mail _____

County _____ Social Security Number _____

1. Describe your project. Tell what you did, how successful you feel the project was, and how the project helped you grow as an artist.

2. How did this project affect your future plans and advance your career?

3. Final Budget: Please itemize your expenses and attach receipts to this report.

4. Please list and attach publicity items, especially those giving credit to the Regional Artist Project of Northwest North Carolina Grant Program, and examples of the outcome of your funded project (i.e. publications, tapes, documentation, etc.)

I certify that the information contained in this report including all attachments and the supporting materials is true and correct to the best of my knowledge and that the expenditures were made for the purposes set forth in the grant application.

Signature _____

Date _____