

New Hampshire State Council on the Arts
Common Final Report Budget Form
 Artist Residencies in Schools Grant (AIR) • Youth Arts Projects Grants (YAP)
 Arts in Health (AIH) • Arts for Community Engagement (ACE)
 Traditional Arts Projects

Matching funds are cash or donated goods and/or services (in-kind) which your organization is providing for the project.
 You are required to include cash in your matching funds.
 Up to 1/2 of match may be in-kind goods and/or services.

Your budget must be balanced - total project income must equal total project expenses.
 Please do not use symbols such as dollar signs (\$) or commas - their use will cause your budget to not total correctly.

APPLICANT NAME (Please use the name you used on the application):

Project Income - List all funding sources for this project, both secured and anticipated. Rows and columns will automatically add.	Amount Cash	Amount In-Kind	Total Income
Requested NHSCA Grant Support			
Admissions (e.g., ticket sales)			
Concessions			
Fees and/or tuition			
Memberships			
Corporate contributions (Identify below. If you have no private foundation cash or in-kind, please put zeros in the blue cells.)			
Private foundations (Identify below. If you have no private foundation cash or in-kind, please put zeros in the blue cells.)			
Parent-Teacher Organization			
Federal Government			
Non-NHSCA State Government			
Local Government			
<u>Applicant cash (please click for definitions)</u>			
Other revenue (Identify below. If you have no other revenue cash or in-kind, please put zeros in the blue cells.)			
Total Project Income			

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Project Expense - List all expense items related to your application. Rows and columns will automatically add.	Amount Covered by NHSCA Grant (may not exceed total requested grant support)	Amount NOT covered by NHSCA Grant	Amount In-Kind	Total Expense
Administrative staff				
Artistic fees (NOT NHSCA Roster artists)				
Arts specialist(s)				
Technical fees				
Teachers				
NHSCA Roster artist fees				
Advertising				
Printing				
Mailing/postage				
Space rental				
Travel				
Accessibility expenses (Please specify below. If you have no expenses related to Assessibility, please put zeros in the blue cells.)				
Supplies, materials and miscellaneous expenses				
Other (Identify below. If you have no additional expenses, please put zeros in the blue cells.)				
Total Project Expense				