



REGION 2
ARTS
COUNCIL

No-Risk Workshop Final Report

Title of Workshop: _____

Workshop Coordinator: _____

Workshop Presenter: _____

Dates of Workshop: _____

IMPORTANT: *Please include a BRIEF NARRATIVE on a separate sheet of paper. Explain how the goals of the workshop were achieved, what you would change or improve, quality of the workshop and teacher(s), the highlights of your activities, and anything else that is pertinent.*

BUDGET

| <u>Expenses</u> | <u>Estimated</u> (same as application) | <u>Actual</u> |
|-----------------|---|-----------------|
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| TOTAL | \$ _____ | \$ _____ |

Who does R2AC reimburse and for what dollar amount? (include mailing address)

Social Security #: _____

(The IRS requires we report payments to individuals of over \$600)

Enclosed are:

- Participant Evaluation Forms
- Registration/Sign-in Sheet Listing All Attendees