



The Jackson County ARTS COUNCIL

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Grassroots Grant Report

Fiscal Year _____

Name _____ Date: _____

Organization _____

Address _____

Telephone _____ Email: _____

Program Director: _____

DESCRIPTION OF GRANT

Amount Received for this grant: _____

Name of Exhibit/Residency/Performance _____

Use of Funds: _____

Audience: Youth General Senior Citizen Multi-cultural Other _____

Size of population Impacted: _____

Dates of Exhibit/Residency/Performance: _____

Attachments: News Releases Photos Programs/Posters Others

Required: Include a list of all participating artists with addresses, telephone numbers, email or other contact information

**All completed grant report forms
must be submitted to the above JCAC address by June 1st**