



# AFTER ACTION REPORT

**Mailing Address: Terrace & District Arts Council 3232 Emerson Street PO Box 904 Terrace BC V8G 2S0**

NAME OF ORGANIZATION: \_\_\_\_\_

Name of Project or Capital Expense: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

## BUDGET SUMMARY

PROPOSED		ACTUAL	
REVENUE:		REVENUE:	
ARTS COUNCIL GRANT REQUESTED	\$ _____	ARTS COUNCIL GRANT RECEIVED	\$ _____
Other Grants	\$ _____	Other Grants	\$ _____
Registration Fees	\$ _____	Registration Fees	\$ _____
<b>Donations</b>		<b>Donations</b>	
Private	\$ _____	Private	\$ _____
Corporate	\$ _____	Corporate	\$ _____
<b>Contributed Services (Specify)</b>		<b>Contributed Services (Specify)</b>	
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Other	\$ _____	Other	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
<b>* TOTAL ESTIMATED INCOME .....</b>	<b>\$ _____</b>	<b>* TOTAL ACTUAL INCOME .....</b>	<b>\$ _____</b>
<b>EXPENSES:</b>		<b>EXPENSES:</b>	
Space/Venue Rental	\$ _____	Space/Venue Rental	\$ _____
Acquisitions, Equipment Purchases	\$ _____	Acquisitions, Equipment Purchases	\$ _____
_____	\$ _____	_____	\$ _____
Sets, Props, Costumes	\$ _____	Sets, Props, Costumes	\$ _____
_____	\$ _____	_____	\$ _____
Advertising, Publicity	\$ _____	Advertising, Publicity	\$ _____
_____	\$ _____	_____	\$ _____
Travel	\$ _____	Travel	\$ _____
Profession Fees (Clinicians, Facilitators)	\$ _____	Profession Fees (Clinicians, Facilitators)	\$ _____
_____	\$ _____	_____	\$ _____
Other	\$ _____	Other	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
<b>* TOTAL ESTIMATED EXPENSES .....</b>	<b>\$ _____</b>	<b>* TOTAL ACTUAL EXPENSES .....</b>	<b>\$ _____</b>
		Revenue over Expenses	\$ _____

**Please attach a written summary of the event, its impact/success and how it benefitted the participants and community.**