**The Arts Council of Winston-Salem and Forsyth County**

**Organizational Support Quarterly Report 2015-2016**

**Directions:** Please return this form to dsilver@intothearts.org by the corresponding date. Mark an “X” to indicate the quarter you are reporting for.

\_\_\_\_By Oct. 28, 2015 (for the period of July 1 – Sept. 30, 2015) \_\_\_\_By April 15, 2016 (for the period of Jan. 1 - March 31, 2016)

\_\_\_\_By Jan. 15, 2016 (for the period of Oct. 1 – Dec. 31, 2015) \_\_\_\_By July 15, 2016 (for the period of April 1 - June 30, 2016)

Contact Person/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Attendant, Participant, and Volunteer Information**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Youth****(Pre K-12)** | **College** | **Adult** | **Senior Citizens** | **TOTAL** | **% of** **persons with disabilities** | **% Asian** | **% African American** | **% Caucasian** | **% Hispanic** | **% Other** |
| **Program Participant** |  |  |  |  |  |  |  |  |  |  |  |
| **Audience Members** |  |  |  |  |  |  |  |  |  |  |  |
| **Volunteers** |  |  |  |  |  |  |  |  |  |  |  |

1. **Financial Documentation – Attach quarterly financial statement including actual budget, balance sheet and current cash flow for the reporting period.**
2. **Audit/Reviews & 990s are to be turned into The Arts Council once approved by your Board of Directors.**
3. **(Optional) Tell one story and attach images of how your organization is engaging the community. Please note this will be used in promotional material for The Arts Council to emphasis the impact of our supported arts organizations.**