



Materials Grant - Final Report Form

As a condition of your grant acceptance, this form must be returned with receipts of purchase within 6 months of grant distribution. Failure to do so will make you ineligible for future Materials Grant awards. Please complete and return to: **Visual AIDS 526 West 26th St #510, New York, NY 10001**

Grantee Information

Name			
Mailing Address			
City	State	Zip	County
Daytime Phone		Cell	
E-mail		Website	
Amount of Grant		Date Grant Issued	

Please complete the following. Use back or attach another sheet if necessary.

1. Please describe how the grant has helped you continue in your art practice. What are you currently working on? Have you been able to create new works?

2. Please detail any changes in your career as an artist you may attribute to your receipt of a Materials Grant (i.e. new work, exhibitions, sales, opportunities, etc.)

3. Have you applied for any other art grants or financial aid within the last 12 months? If so, from whom?

4. Do you have digital documentation of the artwork created through the use of your Materials Grant? If so, please upload the work to your page on the Visual AIDS Artist Registry or send a CD with a checklist including title, year, size and medium. If not, please contact us to set up documentation (NYC only).

5. Please attach a copy of your receipts with this application.