

## **Community Performing Arts Organizations Final Report Attachments**

## INCLUDE ONLY ACTIVITIES PRODUCED OR PRESENTED BY YOUR ORGANIZATION AS OUTLINED IN THE <u>CPAO GUIDELINES</u>.

## **Listing of Completed Arts Activities**

| Organization Name:   | Reporting Period: |  |  |  |  |  |  |
|--|-------------------|--|--|--|--|--|--|
| * Your reporting period <u>can</u> correspond to your most recent board-approved financial statements. |                   |  |  |  |  |  |  |

OR list completed activities corresponding to your last CPAO application. Your TOTALS must match your Statistical Report (Arts Activities section) page in your Final Report in GATE

| Date From (dd/mm/yy) | Date To<br>(dd/mm/yy) | Name and Type of Self-created and Self-Produced Public Performing Arts Activity carried out in your previous fiscal year  | Venue | City/Town | Number of Artists Hired<br>(Performers, Instructors)   | Fees Paid<br>to Artists | Paid<br>Attendance  | Unpaid<br>Attendance  | Event/Activity<br>Revenue                                   |
|----------------------|-----------------------|---|-------|-----------|--|-------------------------|---|---|---|
|                      |                       | If your performing arts activity was affected by<br>Covid-19 restrictions, please insert ANY other<br>activity that you have carried out in your previous<br>fiscal year (e.g. AGM meetings, virtual rehearsals). |       |           | TOTAL number of artists you<br>paid a fee or salary to for this<br>activity (include performers, or<br>artists who were paid<br>distribution fees) |                         | TOTAL<br>number of<br>paid<br>attendees<br>(estimate if<br>necessary) | TOTAL<br>number of<br>unpaid<br>attendees<br>(estimate if<br>necessary) | Includes ticket<br>sales,<br>concession,<br>donations, etc. |
|                      |                       |   |       |           |  | \$                      |   |   | \$  |
|                      |                       |   |       |           |  |                         |   |   |   |
|                      |                       |   |       |           |  |                         |   |   |   |
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|                      |                       |   |       |           |  |                         |   |   |   |
|                      |                       |   |       |           |  |                         |   |   |   |
|                      |                       |   | Total |           | \$   |                         |   | \$  |   |