

## Polish Singers Alliance of America

## Chorus Grant Program FINAL REPORT

District No.	Chorus No.	Date
Chorus Name		
Chorus President	Email	
Mailing Address		
City	State	Postal Code
Program Director Name		
Program Director Email		Telephone
PROGRAM NAME:		
		<b>D</b> .
Chorus President		Date
Signature		
*Program Director		Date
Signature		

\*NOTE: If Chorus President and Program Director are the same person, only one signature is required.

MAIL REPORT TO: Polish Singers Alliance of America, Attn: Mary Lou Wyrobek, 20 Brookfield Ln., #4, Cheektowaga, NY 14227

## **COMPLETED PROGRAM INFORMATION**

1. Description of the completed prog	ram.	
2. Indicate the date(s) the event occu	rred.	
3. Indicate the location of the concert	: / performance or program / event.	
4. Indicate the number in attendance	or the number of individuals who benefitted from the pro	ogram.
5. List the program collaborators, if a	pplicable:	
PUBLICITY/MARKETING INFO	DRMATION	
6. Submit one (1) copy each of any r	naterial used to publicize your program: (check all that app	oly)
publicity flyers	photos of the event (if available) othe	er (please list)
postcards	news articles	
press releases	reviews	
•	-	A Chorus Grant Publicity
9. Indicate if social media or digital p	publicity/marketing was used. What platforms?	
FINAL BUDGET REPORT		
Total Income of event (Grant is not a	at risk if profit is realized)	
Total expenses of event		
	TOTAL PSAA AWARD FUNDS SPENT	

## **PLEASE NOTE:**

Upon review of the **Grant Final Report**, a check (payable to the Chorus) in the amount awarded will be mailed to the address provided on this form no later than 30 days after receipt of the report to the Central Administration of the Polish Singers Alliance of America.