	Name: Address:	Change Partner:				
	лимі 699.	Grant Year: Grant Amount:				
L		Grant Amount.				
	Please fill out this report form and return it to Leeway by March 15 <sup>th</sup> of the year following your award. You may use a separate page if you need to.					
1.	. Summarize your creative activities during the award pexhibitions, publication, lectures, etc. that took place exhibits, or publications that will feature work complete	during the award period. List upcoming performances				
2.	. How did you spend the award? What did the award all pay your mortgage/rent, mount an exhibition, take time					
3.	. What was the effect of the award on your artistic artistic/creative or activism goals? Were there any parthis award?	c practice? Did it contribute to meeting any of you irticular benefits or recognitions that arose as a result o				
4.	. Did this award permit you to take time away from you further pursue your artistic practice? If so, how much to	our regular work and/or home responsibilities in order to time?				

5.	5. What impact did the award have on others (e.g. participants, collaborators, the community/constituencies you worked with)?					
	,					
		a. Were you able to collaborate with any other Leeway Grantees?				
		□ Yes	□ No	□ Other		
		If yes, who?	Please list:			
		b. As a result o work?	of this grant, wer	e you able to pay anyone (besides yourself) involved in th	ie	
		□ Yes	□ No	□ Other		
6.	6. Is there anything else you would like to share about how receiving the award impacted your life?					
Confirm and Sign  By signing below I certify that to the best of my knowledge, this project report form and the attached supporting materials are complete and accurate. I authorize Leeway to use my preferred name and submitted materials for publicity purposes.						
Si	gnature (Legal Name)			Date		
		1315 <b>\</b>	ATTN: C Leewa The Phila Walnut Street, Su	RETURN THIS FORM TO: Grant Programs by Foundation delphia Building te 832, Philadelphia, PA 19107 rg/grants/report y.org Fax: 215-545-4021		