



Leeway Foundation Art and Change Grant Project Report

Name:

Phone:

Address:

Email:

Grant Cycle (*month/year*):

Grant Amount:

**Please fill out this report form and return it to Leeway within 60 days of completing your project.
You may use a separate page if you need to.**

1. Were you able to accomplish what you set out to do with your Art & Change grant?
2. In the process of creating your project, did anything unexpected or surprising happen? Please tell us about it.
3. How did receiving this grant impact you as an artist?
4. What impact did the project 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 of this grant, were you able to pay anyone (besides yourself) involved in the work?

Yes No Other _____

5. Is there anything else you'd like to tell us about your project?

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.

Signature (Legal Name)

Date

PLEASE SIGN AND RETURN THIS FORM TO:

**ATTN: Grant Programs
Leeway Foundation
The Philadelphia Building
1315 Walnut Street, Suite 832, Philadelphia, PA 19107**

***leeway.org/grants/report* | Email: info@leeway.org | Phone: (215) 545-4078**