

North Dakota Council on the Arts  
1600 E. Century Ave., Suite 6  
Bismarck, ND 58503-0649

**ARTIST FINAL REPORT FORM**

*This report is due no later than thirty (30) days after the project.*

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**Artist Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Sponsor Name:** \_\_\_\_\_ **Address** \_\_\_\_\_

**Beginning Date** \_\_\_/\_\_\_/\_\_\_ **Ending Date** \_\_\_/\_\_\_/\_\_\_

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Please discuss the following aspects of your residency (use additional sheets as necessary):

- Pre-residency planning.
  
- The residency schedule.
  
- Teacher in-service.
  
- Community event.
  
- Student and educator reaction.
  
- Describe the strengths and weaknesses of this project.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone** \_\_\_\_\_