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FISCAL SPONSORSHIP SIX MONTH REPORT

This report needs to be made every six month as well as at the end of your project that was funded through Art Without Limits.

Initial grant date _____ Current Date _____

Name of Project _____

Contact Name _____

Address _____

Email _____ Phone _____

Funder Contact _____

Address _____

Email _____ Phone _____

Date Funded _____ Amount Funded _____

Does the funder require this information? _____ When? _____

Please attach the following information

Please indicate where you stand in the progress in your project.

What remains to be completed in the project?

What is your timeline for completion?

Please attach a current budget to date.

Our board requires this information as we are fiscally and legally responsible for oversight of the project.

Signature _____ Date _____

Let us know if we can be of any further help to you.