

**ARTS FOUNDATION OF CAPE COD
AMERICAN RESCUE PLAN SUBGRANTING PROGRAM
GRANT REPORT**

Organization Name:

Mailing Address:

Grant contact:

Phone:

Email:

Organization Tax ID Number:

Organization UEI:

Please state your organization's mission statement.

Grant. amount

How was the award spent? Please be specific.

What did this award accomplish? Please include any direct and indirect benefits/impacts that resulted from this award.

Number of people served during the grant period.