



Connecticut Commission
on Culture & Tourism

FINAL REPORT

CREATIVE COLLABORATION GRANT

Due 60 days from the end of the funding period

Submit one copy of this report to: Connecticut Commission on Culture & Tourism
One Constitution Plaza, 2nd Floor, Hartford, CT 06103, Attention: Allen Hoffman

SECTION I: RECIPIENT INFORMATION

Grant Number: FY _____ - CCG - _____ Grant Amount \$ _____

Project Start Date: _____ Project End Date: _____

Federal Employer ID # _____

Applicant Organization Official Name: _____

Street Address or Location: _____

Mailing Address (if different): _____

Check box if address
has recently changed

City/State/Zip: _____

Telephone: _____ Fax: _____

Grant Contact Person: _____

Grant Contact Person E-mail: _____ Website: _____

SECTION II: NARRATIVE REPORT

Answer the following questions, using no more than one (1) single sided 8 1/2" x 11" attached pages. Please retype question numbers and the question before each answer. Use a font size of at least 11 points.

1. Provide a brief summary of your project, noting project goals, key personnel, and timeline (dates, events, etc.).
Please describe your planning process and the teaching artist's role in your project.
2. Was the program successful? Explain the strengths and challenges of your collaboration.
3. How did you measure the programs' impact on your arts in education programming and on teaching and learning in, about and through the arts?

SECTION III: SUMMARY INFORMATION

This was a new initiative: Yes No

This was the expansion of a current project/ program: Yes No

This project was for (choose one): Workshops Residency Professional Development

* Special * This project is for an American Masterpiece: Yes No

_____ **Actual total Audience/Individuals** directly benefiting. Please categorize actual total audience as follows:

#	Audience Type
	Children and youth
	Parents
	Teachers/ Administrators
	Audience (if other than any of the above)
	Other (please describe):

SECTION III: SUMMARY INFORMATION (CONT'D)

ARTISTS

Total # of Artists participating: _____

Name(s) of participating Artists:

PROJECT PARTNERS

List partner(s) in your project/program (if applicable):

SECTION IV: FINANCIAL SUMMARY

Complete the financial report (1 page). Attach it to this form along with the answers to the narrative questions.

CERTIFICATION

The undersigned certifies that the information contained in this report is true and correct to the best of his or her knowledge and that all expenditures were incurred solely for the purpose of this grant.

Signature: _____ Title: _____
Printed Name: _____ Date: _____