



ARTIST FELLOWSHIPS FINAL REPORT

Deadline: No later than July 2, 2012

Send completed application to: Tamara Dimitri, Artist Fellowship,
Connecticut Office of the Arts, One Constitution Plaza, 2nd Floor, Hartford, CT 06103

GRANTEE INFORMATION

Grant Number (Found on page one of your contract) _____
Name _____
Mailing Address _____
City/State/Zip _____
Check Box if address has changed
Telephone _____ E-mail _____

LEGISLATIVE INFORMATION

Were you informed of your Fellowship Grant award by your state representative? Yes No
If so, was it by: Phone Letter Email
Did you have a public exhibition, public performance, public reading, etc. of your art during your grant period? Yes No
If applicable, did you include your state elected officials on your event mailing? Yes No
Was COA credited publicly for support of your art? Yes No
If so, please explain briefly:

VOLUNTEER INFORMATION

Would you be interested in volunteering your services to the state or local community for any of the following?
Lecturer Juror Presenter Workshop Leader Other

FOR OFFICE USE: App # _____

FINANCIAL INFORMATION

In what way did you benefit from receiving this award? Please address personal artistic gains as well as career accomplishments.

FELLOWSHIP EXPENDITURES

CASH EXPENSES

Personnel

Artistic Compensation (Self) \$ _____

Outside Professional Services

Artistic \$ _____

Other \$ _____

Space Rental

\$ _____

Travel

Related Expenses

\$ _____

Supplies

Equipment Rental \$ _____

Printing \$ _____

Postage and Telephone \$ _____

Other (please specify) _____ \$ _____

TOTAL CASH EXPENSES:

\$ _____

AMOUNT OF GRANT:

\$ _____

CERTIFICATION

I certify that the amounts reported here are correct, that they appear in my personal files and that these records (which will be maintained for a period of not less than 3 years) are available for audit by the state and/or Federal Government.

Name _____

Signature _____ Date _____