

## ARTIST FELLOWSHIPS FINAL REPORT

Deadline: No later than March 31, 2010

Send completed application to: Tamara Dimitri, Artist Fellowship,  
Connecticut Commission on Culture & Tourism, 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 CCT 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 COMMISSION 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 \_\_\_\_\_



