



ARTS PRESENTATION GRANT FINAL REPORT

Deadline: Within 60 days of completion of program

PLEASE SEND A COPY OF THIS REPORT TO EACH ARTIST THAT WORKED FOR YOU

Send completed report to: Lu Rivera, Arts Division Administrative Assistant,
Connecticut Commission on Culture & Tourism, One Constitution Plaza, 2nd Floor, Hartford, CT 06103

GRANTEE INFORMATION

Application # : FY _____ - APG - _____ Grant Amount \$ _____

Name _____

Mailing Address _____

Contact Person _____

Contact Phone # _____ E-mail Address _____

Website _____

SUMMARY AND STATISTICS

Name of performing group(s) _____

or Artist(s) _____

Total number of students who benefited from performances _____

Ethnic affiliation of **students**: (enter #)

American Indian/Alaskan Native _____; Asian _____; Black (African American) _____;

Hispanic/Latino _____; White _____; Native Hawaiian/Pacific Islander _____; Multi-Racial _____;

Number of artists who worked on program _____ Total days artist(s) worked _____

Number of Concerts/Performances/Readings or Workshops _____

Ethnic affiliation of **artist(s)**: (enter #)

American Indian/Alaskan Native _____; Asian _____; Black (African American) _____;

Hispanic/Latino _____; White _____; Native Hawaiian/Pacific Islander _____; Multi-Racial _____;

Number of **teachers** involved in program _____ Number of **administrators** involved in program _____

Total number of **ALL** participants (teachers, student, administrators, parents, audience) _____

EVALUATION

Explain and analyze reasons for successes and difficulties (e.g. programming, planning, budgeting, timing, etc.). Discuss the artistic quality of the performance, and (if applicable) quality of workshops, residency and/or lecture demonstrations.

Write a short evaluation on the performing group/artist. (Please comment on the quality and availability of promotional materials, organization of pre-performance details, cooperation, etc.)

Describe your promotion/publicity campaign. (Send samples new releases, invitations, etc.)

How was CCT credited with support of this grant? (newsletter, newspaper article, orally) Please enclose copies of programs, publicity and/or promotional materials showing credit to the Connecticut Commission on Culture & Tourism.

Were state legislators or community leaders invited to your program? Yes No

Was a thank you note sent to your legislators? Yes No If yes, please enclose a copy for our records.

ACTUAL IN-KIND CONTRIBUTIONS (NON-CASH)

List items and sources of non-cash contributions to the program, which was supported with CCT funds. (free advertisement, brochures, photographer, volunteers, equipment, etc.)

Items/Services	Source Dollar	Value
\$ _____		
\$ _____		
\$ _____		
\$ _____		

TOTAL IN-KIND CONTRIBUTIONS \$ _____

FINANCIAL REPORT

ACTUAL CASH EXPENSES

Applicant Organization

Administrative Expenses \$ _____
 Artistic fee(s)* for Directory artist(s) \$ _____
 Fees for non-CCT artists \$ _____
 Technical/Production \$ _____
 Facility and Equipment Rental (if applicable) \$ _____
 Publicity/Printing Expenses \$ _____
 Supplies \$ _____
 Postage and Telephone \$ _____
 Other Expenses (Specify) _____ \$ _____

TOTAL CASH EXPENSES

\$ _____

ACTUAL CASH REVENUE

Applicant Cash \$ _____
 Ticket Sales \$ _____
 Individual Contributions \$ _____
 Business Contributions (Specify source below) \$ _____

Public Funds

Local Contributions (Specify source below) \$ _____

State Contributions - **Do not include CCT grant request** (Specify source below) \$ _____

CCT Arts Presentation Grant Amount \$ _____

TOTAL CASH REVENUE

\$ _____

Total cash expenses & total cash revenue should equal same amount (make sure you put in your one-to-one Match for CCT grant)

SIGNATURE OF AUTHORIZED OFFICIAL

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

Name _____ Title _____

Signature _____ Date _____