Connecticut Commission on Culture & Tourism

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: $ _____0

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 _____