

**CULTURE AND TOURISM MARKETING CO-OPERATIVE GRANT FINAL REPORT - FY 2009**

**Deadlines: Sixty (60) days after project completion**

**Please send the completed final report to:**

Attn: Rena Calcaterra, Connecticut Commission on Culture & Tourism, One Constitution Plaza, 2nd Floor  
 Hartford, CT 06103.

**APPLICANT INFORMATION**

Grant Number (found on first page of contract) \_\_\_\_\_

Grant Amount Received \_\_\_\_\_ Federal Employer ID # \_\_\_\_\_

Applicant Organization Official Name \_\_\_\_\_

Street Address or Location \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

General Organization E-mail \_\_\_\_\_

Executive Director \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Project Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**LEGISLATIVE INFORMATION**

Were you notified of your grant by your state representative?    Yes    No  
 If so, was it by phone, letter, e-mail, other (please specify) \_\_\_\_\_

Did you have an event mailing?    Yes    No  
 If so, did you include your state elected officials in your mailing?    Yes    No

Did you write to legislators about your grant from CCT?    Yes    No  
 If so, please attach the sample letters.

**PROOF OF MATCHING FUNDS**

Proof of matching funds must accompany the final report. Proof may include invoices and/or cancelled checks.  
*State or Federal Funds cannot be used as matching funds.*

**PROJECT INFORMATION**

Is this a new initiative?    Yes    No

Indicate if the grant funds were used to: (Check all that apply)

Expand an existing program  
 Create a new program

This project was for: (Note: Each Co-operative Marketing project must have a separate final report)

Billboard Advertising

Free Standing Insert

Market Research

Strategic Marketing Planning

Project location (City(ies)/Town(s)) \_\_\_\_\_

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#### NARRATIVE REPORT

Answer questions for the funding period. Attach no more than three single sided 8 1/2" x 11" pages using a font size of at least 11 points. Retype the question numbers and questions for each answer.

1. Summarize the project for which you received funding. Include specific dates the project took place.
  2. How did your original proposal goals change, if at all, during the funding period?
  3. Bullet point the specific programs and services described in your original grant application and briefly describe the successes and challenges experienced during the implementation of each.
  4. Discuss any changes from your initial planning. Include what the change was, the reason for the change and how the change was implemented.
  5. How have you evaluated your activities?
  6. What was learned in this evaluation process and how will these lessons influence future planning?
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#### PROJECT RESULTS (ANSWER ON A SEPARATE PAGE)

1. Was the project successful?    Yes    No
  2. Explain the reason(s) for success/failure of this project.
  3. What was the greatest challenge in conducting this project?  
How have/will you address the situation?
  4. How has this project increased culture and tourism visitation in Connecticut?
  5. How has this project furthered and supported the CCT Strategic Marketing Plan?
  6. How did you measure the program's impact?
  7. How did the project provide opportunities and revenue for Connecticut's culture and tourism industries and economic impact including
    - a. number of jobs created
    - b. revenue generated
    - c. rooms rented
    - e. percentage in lodging occupancy as compared to the previous year
    - f. percentage increase in number of tourists
    - g. number of participants/visitors, etc.
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**SUPPLEMENTAL DOCUMENTS TO INCLUDE IN FINAL REPORT**

Copies of any item(s) produced under this project.

Cancelled checks for **all** Matching Funds are required.

Invoices and Cancelled Checks of **all** expenditures are required.

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**SIGNATURE**

Signature of Organization's Authorized Official \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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**AUDIT**

Grantees subject to a state single audit must send CCT a copy. (Each non-state entity which expends a total amount of state financial assistance equal to or in excess of \$100,000 in their fiscal year is subject to a state single audit.)