Connecticut Commission on Culture & Tourism

CULTURE AND TOURISM PARTNERSHIP GRANTS FINAL REPORT

Deadlines: Within 60 days of completion of program

Send completed application to: Culture and Tourism Partnership Grants,
Connecticut Commission on Culture & Tourism, One Constitution Plaza, 2nd Floor, Hartford, CT 06103

APPLICANT INFORMATION

Grant Number: FY _____ -- _____ Grant Amount $ _____

Federal Employer ID # _____

Applicant Organization Official Name _____

Street Address or Location _____

Mailing Address (if different) _____

City/State/Zip _____

Telephone _____ Fax _____

Executive Director _____ Telephone _____

E-mail Address _____

Application Contact Person_____ Telephone _____

E-mail Address _____

PROJECT INFORMATION

Total number of all participants served (teachers, students, administrators, audience): _____

Total number of Artist(s): _____

PROJECT SUMMARY

Provide a synopsis of your project as described in your grant application. When and where did the project take place?

PROJECT RESULTS

Was the program successful? (Explain)

FOR OFFICE USE: App# _____

PROJECT PARTNERS

List partner(s) and a simple description of who was involved in your project/program:

1. _____

2. _____

3. _____

4. _____

GRANT INFORMATION

Grant Amount Received: $ _____

Project Start Date: _____

Project End Date: _____

SIGNATURE

Signature of Authorized Official _____

Title _____ Date_____