Print Form

Connecticut
still revolutionary

MARKETING CHALLENGE GRANT FINAL REPORT-FY2014

Deadlines: (60) days after project completion

Send completed final report to: Jennifer Haag, Office of Tourism, Department of Economic and Community Development, One Constitution Plaza, 2nd Floor, Hartford, CT 06103 or fax to 860.270.8077 or email to Jennifer.Haag@ct.gov

APPLICANT INFORMATION

Grant Number: (Found on page one of grant contract)_____

Grant Amount Recieved_____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 _____

Project Contact Person_____ Title _____

E-mail Address _____ Telephone_____

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 DECD? 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 intitative? Yes ☐ No ☐

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

Expand an existing program ☐ Create a new program ☐

Type of project (select appropriate number(s), refer to Eligible Project Expenses for definitions)

1) Media Advertising, Direct Marketing, Promotional Pieces ☐ 2) Production Pieces, Trade Shows/Exhibits, PR ☐

3) Research Programs & Studies ☐ 4) Online Development, Design or Promotion ☐

Project Name _____
Project locations (City(ies)/Town(s))_____

NARRATIVE REPORT

Answer questions for the funding period. Attach no more than three single sided 8½" 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 receieved funding. Include specific dates the project took place.
2. How did your orginal 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 your future planning?

PROJECT RESULTS

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? _____

_____
_____
_____

PROJECT IMPACT

1. How has this project increased culture and tourism visitation in Connecticut? (example: how many overnight stays/ memberships sold, etc.) _____

_____
_____
_____

2. How has this project supported the DECD Strategic Marketing Plan for Tourism? _____

_____
_____
_____

3. How did you measure the program's impact? _____

_____
_____
_____

4. 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 _____
   d. percentage in lodging occupancy as compared to the previous year_____
   e number of participants/visitors, etc. _____
   f. percentage increase in number of visitors_____

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

SIGNATURE

Signature of Organization's Authorized Official _____

Title _____Date_____

AUDIT

Grantees subject to state single audit must send DECD a copy. (Each non-state entity which expands a total amount of state finacial assistance equal to or in excess of $300,000 in their fiscal year is subject to a state single audit)