



CREATIVE COLLABORATION GRANTS FINAL REPORT

Deadlines: Within 60 days of completion of program

Send completed application to: Bonnie Koba, Creative Collaboration Grants,
Connecticut Commission on Culture & Tourism, One Constitution Plaza, 2nd Floor, Hartford, CT 06103

APPLICANT INFORMATION

Grant Number: FY _____ - CCG - _____ Grant Amount \$ _____
Federal Employer ID # _____
Applicant Organization Official Name _____
Street Address or Location _____
Mailing Address (if different) _____
City/State/Zip _____
Telephone _____ Fax _____
General Organization E-mail _____ Website _____

PROJECT INFORMATION

This a new initiative: Yes No
This is the expansion of a current project/ program: Yes No
This project is for (choose one): Workshops Residency Professional Development
* Special * This project is for an **American Masterpiece**: Yes No
Total number of all participants served (teachers, students, administrators, audience): _____
Name(s) of participating teaching artist(s): _____
Did this grant support a: Current Program New Program

PROJECT PARTNERS

List partner(s) in your project/program (if applicable):

PROJECT SUMMARY

On a separate sheet, please answer the following in a narrative not to exceed one page.

1. Provide a brief summary of your project, noting project goals, key personnel, and timeline (dates, events, etc.).
Please describe your planning process and the teaching artist's role in your project.
2. Was the program successful? Explain the strengths and challenges of your collaboration.
3. How did you measure the programs' impact on your arts in education programming and on teaching and learning in, about and through the arts?

FOR OFFICE USE: App# _____

PROJECT BUDGET

Complete the financial report. Attach it to this form along with the answers to the narrative questions.

GRANT INFORMATION

Grant Amount Received: \$ _____

Project Start Date: _____

Project End Date: _____

SIGNATURE

Signature of Authorized Official _____

Title _____ Date _____