



Connecticut Commission
on Culture & Tourism

FINAL REPORT

FY09 STRATEGIC INITIATIVE GRANT

Due 60 days from the end of the funding period

Submit one copy of this report to: Connecticut Commission on Culture & Tourism
One Constitution Plaza, 2nd Floor, Hartford, CT 06103, Attention: Rhonda F. Olisky

SECTION I: RECIPIENT INFORMATION

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

Organization Name _____

Mailing Address _____ Check box if address has changed

City / State / Zip _____ Telephone _____

Contact Person _____ Email _____

SIG Amount \$ _____

SECTION II: NARRATIVE REPORT

Answer the following questions, using no more than two (2) single sided 8 1/2" x 11" attached pages. Please retype question numbers and the question before each answer. Use a font size of at least 11 points.

1. How successful was your organization and its partners in reaching its goals as described in the original application? Briefly describe any changes, strengths or weaknesses experienced during the implementation of the funded project.
2. How have you evaluated your project? What was learned in the evaluation process and how will those lessons influence future planning?
3. Briefly describe the cultural and/or tourism impact of your funded project. How did the project benefit your community? Connecticut residents? Visitors from out-of-state?
4. How was CCT credited with support? Please attach printed materials.
5. What are the future plans for this project?
6. Do you have any additional information to share? Any comments on the grant program? Suggestions?

SECTION III: SUMMARY INFORMATION

_____ **Actual total Audience*/Individuals** directly benefiting

* Please categorize the actual total audience as follows:

Percentage of Total by Geographic Location	
%	CT Urban
%	CT Suburban
%	CT Rural
%	Out of State

Percentage of Total by Age	
%	Children
%	Teens
%	Adults under 50
%	Adults over 50

SECTION IV: FINANCIAL SUMMARY

Answer using actual financial information based on the project's final budget.

Total Cash Income :	
Total Cash Expenses :	
Total In-Kind :	

Did the project have an operating surplus? Yes No If so, list total amount: _____
 Did the project have an operating deficit? Yes No If so, list total amount: _____

IMPORTANT: Attached a copy of the final detailed budget.

CERTIFICATION

The undersigned certifies that the information contained in this report is true and correct to the best of his or her knowledge and that all expenditures were incurred solely for the purpose of this grant.

Signature: _____ Title: _____
 Printed Name: _____ Date: _____