



GRANT REPORT

**REPORT MUST BE PRINTED OUT
PRIOR TO CLOSING THE DOCUMENT
ON YOUR SCREEN, AS IT CAN'T BE
SAVED TO YOUR COMPUTER.**

MIDDLETOWN COMMISSION ON THE ARTS
P.O. BOX 1300 • MIDDLETOWN, CT 06457

Questions? 860.343.6620 x201 or
stephan.allison@cityofmiddletown.com

Email:

APPLICANT: Phone:

ADDRESS: City: State: Zip:

PERSON RESPONSIBLE FOR PROJECT (if other than applicant):

SPONSORING ORGANIZATION:

ADDRESS: City: State: Zip:

CONTACT PERSON: Grant Award: Total Project Cost:

Briefly describe the project/purpose for which the Commission's grant funds were used:

Date(s) of Project Presentations:

Location(s) of Presentation:

Please list the number of people who participated in the presentation of the project and note their area of participation (*i.e., technician, performer, volunteer, etc.*):

Briefly describe the size and make-up of the audience reached by your project (*i.e., # of children, adults, seniors, minority, etc.*):

Please provide a complete account of the sources and amounts of funds received for the project:

SOURCE	AMOUNT RECEIVED
MCA (Middletown Commission on the Arts)	
TOTAL	

Please provide a complete account of the recipients of funds and amounts expended on the project:

RECIPIENT	AMOUNT PAID OUT
TOTAL	

Did you receive any free (in-kind) services towards presenting/developing your project? YES NO
(If "YES", briefly describe below the type and source of the service.)

Briefly evaluate the success/failure and long-term significance of your project. (Include project impact on Middletown)

Please describe the manner in which you promoted your project and the credit given to the Middletown Commission on the Arts for funding support. *Enclose samples of promotion (i.e., newspaper articles, posters, etc.).*

Please make any recommendations about the Grant Award process which you believe would make the program more effective and efficient.

GRANT AWARD DATE:

RETURN COMPLETED GRANT REPORT FORM TO:
MCA
P.O. BOX 1300
MIDDLETOWN, CT 06457-1300

Signature of Person Completing Report

Printed Name of Person Completing Report

Title of Person Completing Report