



**GRANT REPORT**  
**SAVE TO YOUR COMPUTER AND THEN**  
**COMPLETE THE FORM OFFLINE.**  
**SAVE A COPY FOR YOUR FILES.**

Questions? Call 860.638.4510 or  
**arts@middletownct.gov**

MIDDLETOWN COMMISSION ON THE ARTS  
 ROOM B-11, MUNICIPAL BLDG. • 245 DEKOVEN DRIVE  
 MIDDLETOWN, CT 06457

**This is**  **APS (project support)**  **GOS Report**

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 (APS) / purpose (GOS) 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 (APS) or programming (GOS) 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 (APS) or programming (GOS) (i.e., # of children, adults, seniors, minority, etc.):

Please provide a complete account of the sources and amounts of funds received for the project (APS), or fiscal year (GOS):

**SOURCE**

**AMOUNT RECEIVED**

<b>SOURCE</b>	<b>AMOUNT RECEIVED</b>
<b>MCA</b> (Middletown Commission on the Arts)	
<b>TOTAL</b>	

Please provide a complete account of the recipients of funds and amounts expended on the project (APS), or fiscal year (GOS):

**RECIPIENT**

**AMOUNT PAID OUT**

<b>RECIPIENT</b>	<b>AMOUNT PAID OUT</b>
<b>TOTAL</b>	

Did you receive any free (in-kind) services towards presenting/developing your project or general operations?  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/programming. (Include impact on Middletown)

Please describe the manner in which you promoted your project (APS) / organization (GOS) 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.

**DATE Report signed:**

**GRANT AWARD DATE:**

**RETURN COMPLETED GRANT REPORT FORM TO:**

MCA  
Rm. B-11, Municipal Bldg.  
245 deKoven Drive  
Middletown, CT 06457-1300

Signature of Person Completing Report

Printed Name of Person Completing Report

Title of Person Completing Report