



# MCA MATCHING FUNDS FINAL GRANT REPORT

(FORM TO BE USED FOR RECIPIENTS OF MCA GENERAL OPERATING SUPPORT & PROJECT SUPPORT GRANTS)

## GRANT REPORT GUIDELINES

- A. All MCA grant award recipients must complete and submit a Final Grant Report Form within **30 days** of the project's completion. Due dates for grant reports are indicated on the grantee's contract.
- B. **GOS recipients will be required to complete and submit both an Interim Report and a Final Report.**
- C. Final reports must include all publicity materials from the event or program.
- D. Applicants are not permitted to apply for future funding until a final grant report from the applicant's most recent grant award has been submitted to and accepted by the Arts & Culture Office. Failure to submit an Interim and Final Grant Report will make recipients ineligible for future funds.
- E. Save this document to your computer and a copy for your files. Email questions to [arts@middletownct.gov](mailto:arts@middletownct.gov)

## **APPLICANT INFORMATION:**

Applicant Name:   
(Indv./Org./Group Name)

Applicant Title:   
(Person of Contact)

Mailing Address: City/State/Zip:

Applicant Phone #:

Applicant Email(s):

Applicant's Sponsor Name:   
(When Applicable)

## **GRANT INFORMATION AND SUMMARY:**

|  |   |  |
|--|---|--|
| Award Date: <i>(Refer to your grant contract.)</i><br><input type="text"/> | Grant Award Amount:<br><input type="text"/> | Total GOS Budget/PSG Cost:<br><input type="text"/> |
|--|---|--|

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



**PROJECT/EVENT INFORMATION:**

Please Note: For GOS Grantees, if there was a specific project included in this GOS funding period, please answer the following questions. For PSG Grantees. Please complete the details below.

Project/Event Title:

Lead Artist & Title:

Project/Event Date/s:

Location of Project/Event:

Participant Involvement:  
*(List the number of people who participated in presenting your event/project/programming and list their titles (i.e. Artistic staff, cast members, volunteers, and etc.).*

Total # Participants:

**AUDIENCE DEMORAPHC INFORMATION:**

Audience Expectation:   
*(Refer to your grant application)*

Actual Total Audience:   
*(Audience attendance at event or audience reached through GOS programming)*

Per Presentation:   
*(If your event had multiple dates please list total numbers at each event)*

Briefly describe the make-up of the audience reached by your project/programming (i.e., children, teen/youth, young/mid adults, seniors, city residents, and visitors).

Audience Measurement: (What methods did you use to measure your audience? Please explain.)

Tickets Sold? NO YES Ticket Price: \$  Program Ads Sold? NO YES Program Ad Price: \$

Was your project/event or programming modified to a socially distanced or online platform? NO YES If yes, briefly explain the modifications:



**QUESTION #1. PUBLICITY STRATEGY:**

*Describe the manner in which you promoted your project/event or programming. List all methods, marketing tools, website and social media addresses that were used for advertising. Please attach all printed poster, event flyers and publications to this report.*

[Empty response area for Question #1]

**QUESTION #2. COMMUNITY IMPACT:**

*Explain how the project/event or the organizations' programming achieved and fulfilled its projected community impact for Middletown citizens.*

[Empty response area for Question #2]

**QUESTION #3. SELF EVALUATION:**

*In what ways were you successful in completing your project? In what ways do you think you could have done something better or different?*

[Empty response area for Question #3]

**QUESTION #4. ADDITIONAL COMMENTS:**

*Please make any recommendations about the grant award process and/or comments to be forwarded to the commissioners of the MCA.*

[Empty response area for Question #4]



## MCA GRANT REPORT: Budget Form

*Please enter all financial information that pertains to the specific PSG or GOS. If additional space is needed, please attach a separate budget report.*

**APPLICANT/ORGANIZATION NAME:**

### INCOME SOURCES FOR PROJECT:

*Please provide a complete account of the actual amounts and sources of funds received for the PSG or GOS.  
Examples: Grants, donations, ticket sales, concessions, fundraisers, and misc.*

|  |           |  |
|--|-----------|--|
| <b>MCA Grant Awarded Amount →</b>                | \$        |  |
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
| <b>Total (Actual Income Sources for Project)</b> | <b>\$</b> |  |

### EXPENSES FOR PROJECT:

*Please provide a complete account of the ACTUAL amounts expended on the project or GOS and how you used the MCA funds.  
Examples: Admin Salaries, Artist fees, technical staff, rental, marketing/PR, printing, equipment, travel, and misc.*

|  |           |  |
|--|-----------|--|
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
|  | \$        |  |
| <b>Total (Actual Expenses for Project)</b> | <b>\$</b> |  |

### IN-KIND CONTRIBUTIONS FOR PROJECT:

*Please provide a list of in-kind services that you received for your project/programming. Examples: Professional services, printing, advertising, space & equipment rental, technical, volunteered labor, and misc. **Please note: In-kind services are not acceptable for matching funds.***

|                                  |           |  |
|----------------------------------|-----------|--|
|                                  | \$        |  |
|                                  | \$        |  |
|                                  | \$        |  |
|                                  | \$        |  |
|                                  | \$        |  |
|                                  | \$        |  |
| <b>Total In-Kind Projections</b> | <b>\$</b> |  |



**Certification Statement:** I certify that to the best of my knowledge, all information presented here is truthful and correct. I understand that willfully providing incorrect or misleading information will result in forfeiture of outstanding grant funds and for future funding.

**Applicant Name/Title:**

**Applicant Signature:**

**Date:**

**ORGANIZATION NAME:**

**SUBMIT:**

Staff will confirm receipt of report by email.

Postal mailed or hand delivered to:  
ATTN: City of Middletown Arts & Culture Office/MCA  
Room B-11, Municipal Bldg.,  
245 DeKoven Drive  
Middletown, CT 06457

Electronically mailed to:  
ATTN: City of Middletown Arts & Culture Office/MCA  
[arts@middletownct.gov](mailto:arts@middletownct.gov)

OFFICE USE