



Department of Wellness, Culture and Sport

FINAL REPORT
PARTNERSHIP PROGRAM FOR COMMUNITY CULTURAL ACTIVITIES

1. PROJECT INFORMATION:

Name or title of project: _____

Duration of project: _____

Grant received: _____

2. APPLICANT INFORMATION:

Name of organization: _____

Contact person: _____ Title : _____

Address: _____

_____ Postal code: _____

Telephone (W): _____ (H): _____

Fax: _____

E-mail: _____

Website: _____

3. PROJECT RESULTS:

Please provide information relating to each of the following questions:

1. How were the program's objectives and target outcomes met in carrying out the project?
2. How did the project enable the growth of a more diverse audience for artistic activities?
3. What was the attendance for the activities? (How does that compare with attendance for past activities?)
4. How was the project's target audience reached? (Attach supporting documents: poster, press clippings, etc.)
5. How was the government financial assistance acknowledged? (Attach supporting documents: poster, advertising, program, press clippings, etc.)
6. Attach project's financial statement showing the project's actual expenditures and revenues.

I certify that, to the best of my knowledge, the information provided in the final report and in the attached documents is accurate and complete.

Name: _____ **Position/Title:** _____

Signature: _____ **Date:** _____

PLEASE SEND THE FINAL REPORT AND ALL SUPPORTING DOCUMENTATION TO:

Arts Development Branch
Department of Wellness, Culture and Sport
250 King Street
Fredericton, N.B.
E3B 9M9