

FINAL REPORT FOR GRANTS TO ARTS ORGANIZATIONS

Contact Information					SECTION 1	
Organization Name						
Contact Name						
Address						
City	Postal Code					
Telephone (home)		(work) _		(ce	ell)	
Fax	E-mail _					
Website					_	
Grant Details					SECTION 2	
Project Title						
Year Grant Received _						
-						
Discipline (check one)					SECTION 3	
Theatre	Dance	Music	Literary	Film	SECTION 3 Visual	
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Theatre	ttached)		,		Visual SECTION 4	
Theatre Project Details (to be a	ttached) ief descriptior	of your project	using the follo		Visual SECTION 4	
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CS- Final Report for Grants to Arts Organizations Community Services

Privacy Notice SECTION 5

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to/for the purpose of documenting the Final Report for Grants to Artists. Questions about the collection and use of the information may be directed to Supervisor of Tourism and Events at citygrants@stjohns.ca

Applicant Declaration		SECTION 6
I certify that the information contained in this final report is t information and belief.	rue to the best of my knowled	lge,
Signature	_ Date (yyyy-mm-dd)	

Submissions Information

Please send completed form to: Email: citygrants@stjohns.ca

Emails including all attachments **must not exceed 25MB**. Acceptable file formats are: pdf, docx, xlsx, jpg, png, mp3, wav, mp4, mpeg, mov, zip.

If you require assistance in submitting your application electronically, please contact citygrants@stjohns.ca

E-mail: citygrants@stjohns.ca

Phone: 576-2563

