



Final Report for Technical Assistance Grants

Greater Columbus Arts Council/City of Columbus Grants Program
100 E Broad Street, Suite 2250 • Columbus, Ohio 43215 • (614) 224-2606
www.gcac.org

Include any additional reports and/or documents produced during the course of this grant.

1. Organization Name, Address, Phone number, Fax, Email, Website

Phone _____ Fax _____
Email _____ Website _____

2. Contact Person

_____ Business Phone _____ Fax _____ Other Phone _____
Email _____

3. General TA Information

_____ Project Title _____
Application Number _____
_____ Activity End Date (Application) _____ Activity End Date (Actual) _____
G _____
C Fiscal Year Dates
A _____
C _____

4. Consultant Name, Address, Phone (Complete if Applicable)

P _____
A _____
Y _____
M Payment Received
E _____
N _____
T Payment Due

5. Certification

The Undersigned certify to the best of their knowledge and belief that all information in this final report is correct, and that all outlays have been made in accordance with GCAC grant terms.

Signature of Authorizing Official _____ Name _____ Title _____ Date _____

Signature of Project Director _____ Name _____ Title _____ Date _____

Office Use Only

_____ Date Received

GCAC Technical Assistance Final Report

6. Describe the implementation of the technical assistance activity.

7. List the conclusions or recommendations of this technical assistance activity, and describe the organization's future plans in light of these.