***Cable Advisory Council Area 2***

**P. O. Box 603, Orange, CT 06477**

**www.cacarea2.com**

 **Fairfield • Bridgeport •Stratford**

***CAC***

 **•Milford • Orange • Woodbridge**

#### Cablevision Government/Education Access Fund Grant – October 1, 2022 – September 30, 2023

#### Report Procedures

**In order for your report to be accepted, this form must be used. Thank you.**

1. Complete Part 1. Please indicate any changes in contact information from information in your original grant application.
2. Complete Part 2. If the cost of the particular piece of equipment was different from what was listed in your grant application, please explain.
3. For Part 3, please give us a general description of how you used the grant for labor expenditures. This is for analysis purposes only.
4. E-mail a copy of the report to the e-mail address below along with copies of any invoices for equipment and/or services and a log of programming provided through this grant. (If you send pdf or jpg copies of invoices, you can skip step 5.)
5. Mail hardcopy of the report to the address below, along with copies of any invoices for equipment and/or services and a log of programming provided through this grant**.**

As per CAC guidelines, applicants are not eligible for future grant funds until reports for previous grants are received by CAC. Grant decisions are binding and final, without appeal.

Mail your materials to:

Marlene Silverstein

860 Shagbark Drive

Orange, CT 06477

Or E-mail materials to:

 newgelt@optonline.net

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### Cablevision Government/Education Access Fund Grant – 10/1/2022-9/30/23 Report Form

**Report is due December 15, 2023 – ONLY THIS FORM WILL BE ACCEPTED.**

**1) Project Information:**

|  |  |
| --- | --- |
| Town/City/School District |  |
| Person’s Name Filling Out Report: |  |
| E-mail Address: |  |
| Grant Amount: |  |
| Date: |  |

**2) Items Purchased: Use a separate line for each item. PLEASE NOTE CHANGE TO THIS SECTION: QUANTITY HAS BEEN ADDED AND SERIAL # HAS BEEN DELETED. Explain any differences from amounts or equipment approved in grant application: Continue on a separate sheet, if necessary.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Item:** | **Make** | **Model** | **Quantity** | **Cost** |
|  1 |  |  |  | 1 |  |
|  2 |  |  |  |  |  |
|  3 |  |  |  |  |  |
|  4 |  |  |  |  |  |
|  5 |  |  |  |  |  |
|  6 |  |  |  |  |  |
|  7 |  |  |  |  |  |
|  8 |  |  |  |  |  |
|  9 |  |  |  |  |  |
|  10 |  |  |  |  |  |
|  11 |  |  |  |  |  |
|  12 |  |  |  |  |  |
|  13 |  |  |  |  |  |
|  14 |  |  |  |  |  |
|  15 |  |  |  |  |  |
|  16 |  |  |  |  |  |
|  17 |  |  |  |  |  |
|  18 |  |  |  |  |  |
| ***Total Cost***  |  |  |  |  |  |

3) Personnel expenses (A copy of the town or education budget covering the operation of the station must be included.):

Number of people compensated: 0 Total amount spent for personnel:

A: Device enhances our production updates and output, providing multiple camera capability as well as peripheral production features.

**4) Attach copies of invoices from vendors for equipment and services.**

**5) Attach a copy of programming provided through this CAC grant.**