

FINANCIAL INFORMATION

FORM A: Operating Income

Please attach supplemental breakdowns for any line item totaling \$50,000 or more (other than City of El Paso support, memberships and individual contributions). **Do not show in-kind contributions in Mid-Year Report.**

Organization's Fiscal Year: From / / To / /
MM DD YYYY MM DD YYYY

ROUND FIGURES TO NEAREST DOLLAR

INCOME

Cash – Available for this project \$ _____
TOTAL \$ _____

EARNED INCOME

Admissions \$ _____
 Tuition/Class/Workshop Fees \$ _____
 Contracted Service Revenue (performance, exhibitions, etc.) \$ _____
 Interest on investments, endowments \$ _____
 Fundraisers/Special Events \$ _____
 Other earned income \$ _____
 (specify)

TOTAL \$ _____

UNEARNED INCOME

Mark **P** for pending or **C** for committed

a. Local Government (Not including this grant)	\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
b. Hotel/Motel tax (Other city or county)	\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
c. Other city (Not Hotel/Motel tax)	\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
d. County/Regional	\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
e. State (Not TCA)	\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
f. Funding Directly from TCA	\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
g. Federal NEA <input type="checkbox"/> NEH <input type="checkbox"/> other _____	\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
h. Other unearned income (specify)	\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>

PRIVATE SUPPORT (ITEMIZE)

a. Fundraising/Benefits	\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
b. Individual contributions/sponsors	\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
c. Memberships	\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
d. Corporations/Businesses	\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
e. Foundations	\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
f. Other (specify)	\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
TOTAL UNEARNED INCOME TO DATE	\$ _____		

FORM B: Operating Expenses

Attach supplemental breakdowns for any line item totaling \$50,000 or more (other than salaries or utilities). Round off all figures to the nearest dollar.

	MID-YEAR AMOUNTS	END OF FISCAL YEAR ESTIMATE
PERSONNEL SALARIES/BENEFITS*		
Administrative/General	\$ _____	\$ _____
Artistic	\$ _____	\$ _____
Technical/Production	\$ _____	\$ _____
Program Services	\$ _____	\$ _____
OUTSIDE PROFESSIONAL SERVICES		
Administrative/General	\$ _____	\$ _____
Artistic	\$ _____	\$ _____
Technical/Production	\$ _____	\$ _____
Program Services	\$ _____	\$ _____
TRAVEL	\$ _____	\$ _____
SHIPPING	\$ _____	\$ _____
TELEPHONE	\$ _____	\$ _____
EQUIPMENT RENTAL	\$ _____	\$ _____
SPACE RENTAL *	\$ _____	\$ _____
UTILITIES		
Electric	\$ _____	\$ _____
Natural gas	\$ _____	\$ _____
Water and sewer	\$ _____	\$ _____
OTHER RENTALS	\$ _____	\$ _____
MARKETING/PROMOTION/PRINTING	\$ _____	\$ _____
POSTAGE	\$ _____	\$ _____
SUPPLIES/MATERIALS	\$ _____	\$ _____
INSURANCE	\$ _____	\$ _____
OTHER (itemize)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____

* This program requires organizations to have a minimum of one half-time paid employee and administrative offices located in El Paso.

**Museums & Cultural Affairs Department (MCAD)
MID-YEAR REPORT**

HOTEL/MOTEL STATISTICS

These statistics are an important measure of the economic impact of the arts on the local economy and will assist the City's Museums & Cultural Affairs Department (MCAD) in justifying its funding programs supported by the Municipal Hotel/Motel Tax.

1. If the project included GUEST ARTISTS (from outside El Paso), complete the following:

- How many guest artists were (will be) involved in the project? _____
- How many people were (will be) in the artist's traveling party (including technical staff)? _____
- Where are they based at? (Be specific) _____
- Where (will) did they stay while in El Paso? _____
- How many "room nights" (will) did they use?
("Room nights" means the number of rooms occupied times the number of nights.) _____

2. Complete the following regarding AUDIENCE MEMBERS:

To obtain these figures you could include a brief questionnaire in your program, ask for a show of hands of visitors or have a guest book to sign.

- Estimate how many audience members (total) traveled from outside El Paso to attend event/program? _____
- How many people were in the average traveling party? _____
- Where did they travel from? (Be specific) _____
- Where did they stay while in El Paso? _____
- How many "room nights" did they use?
("Room nights" means the number of rooms occupied times the number of nights.) _____