

City of El Paso Museums and Cultural Affairs Department (MCAD)

**Operational Support Program (OSP)
FINAL REPORT**

**FINAL REPORT IS DUE 30 DAYS AFTER COMPLETION OF PROJECT,
OR August 31, 2010 WHICHEVER COMES FIRST.**

Organization Fiscal Year: BEGIN MM/DD/YYYY END MM/DD/YYYY

Legal Name of Applicant Organization _____

Mailing Address (with Zip Code) _____

Street Address (with Zip Code) _____

Phone _____ FAX _____ Email*: _____

Federal Employer's Identification Number _____

Authorized Official/Board Chair _____

Project/Executive Director _____

- I. Rate success of the project:**
- | | |
|--|---|
| <input type="checkbox"/> Exceeded all objectives | <input type="checkbox"/> Exceeded some objectives |
| <input type="checkbox"/> Met all objectives | <input type="checkbox"/> Met some objectives |
| <input type="checkbox"/> Did not meet objectives | |

Attach extra pages if you need more space for these items.

II. Explain the rating:

III. List the strengths of the project:

IV. List the weaknesses of the project:

V. List all organizations involved in the planning, support and/or implementation of the project:

VI. Please give attendance of your project, broken down by city council district where your project(s) took place: Total Attendance: _____

Council District #	Attendance	Council District #	Attendance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VII. Please provide a brief summary of your project include the exact number of productions, performances or other project-related activities. This summary should correlate with Project Description described in your original Application. Please explain any deviations that occurred during the project year. Attach another page if needed.

VIII. Activity Information

How was attendance to your events determined?

Ticket Price Range: For Adults – from \$ _____ to \$ _____
For Children – from \$ _____ to \$ _____

VIII. Please provide a breakdown of your audience/participants by approximate age and ethnicity:

Under 18 ____% 19-35 ____% 36-65 ____% Over 65 ____%
Hispanic ____% African-American ____% Asian ____%
Native American ____% White, not Hispanic ____%

IX. Describe how project was publicized (Attach copies of all publicity, including press releases, public service announcements, print ads and articles. Also attach copies of all posters, programs and flyers with credit line for MCAD marked). Please include detail about any marketing that targeted tourists/visitors.

X. Does your organization plan to continue this project? Y _____ N _____

XI. If Yes, how will you structure and fund it in the future?

XII. Invitations/schedules and tickets for events were:

Delivered to MCAD Mailed to MCAD

Failure to complete final evaluation report will jeopardize future funding support. If you have any questions or require assistance, please contact Socorro Q. Diamondstein at 541-4167 or via email at diamondsteinsq@elpasotexas.gov
Submit report and required materials to:

Cultural Funding Programs
Museums and Cultural Affairs Department
2 Civic Center Plaza 1st Floor
El Paso, TX 79901

We hereby certify that the statements contained in this report are true and correct and represent the complete accounting of this project to the best of our knowledge.

NOTE: Please use BLUE ink for signatures.

PRINT YOUR COMPLETE LEGAL NAME

Authorized Official/Board Chair – Signature

Complete Legal Name (print)

Date

Executive Director – Legal Signature

Complete Legal Name (print)

Date

City of El Paso Museums and Cultural Affairs Department (MCAD)

**Operating Income
Form A**

Please itemize income sources as indicated below. Attach supplemental breakdowns for any line item totaling \$50,000 or more (other than City of El Paso support, memberships and individual contributions). Round off all figures to the nearest dollar. **Do not show in-kind contributions or revenue for capital improvements. Figures should relate to organization's fiscal year.**

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

**END OF YEAR
AMOUNTS**

CITY OF EL PASO – MCAD

Operational Support \$ _____
Other MCAD support (CAP, ADEP)

EARNED REVENUE

Admissions \$ _____
Tuition/Class/Workshop Fees \$ _____
Contracted Service Revenue \$ _____
Auxiliary Activities \$ _____
Memberships \$ _____
Fundraisers/Special Events \$ _____

RESTRICTED CONTRIBUTIONS

Individuals \$ _____
Corporations \$ _____
Foundations \$ _____

UNRESTRICTED CONTRIBUTIONS

Individuals \$ _____
Corporations \$ _____
Foundations \$ _____

GOVERNMENT GRANTS

State (TCA) \$ _____
Other \$ _____

ENDOWMENTS

\$ _____

INTEREST

\$ _____

OTHER INCOME (itemize)

_____ \$ _____

TOTAL

\$ _____

NOTE: If you are planning to use in-kind resources, please call Socorro Diamondstein at 541-4167 for more information.

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**Operating Expenses
Form B**

Please itemize operating expenses as indicated under the following categories. 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. **Do not show in-kind or capital improvement expenses.** Figures should relate to organization's fiscal year.

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

City of El Paso Museums and Cultural Affairs Department (MCAD)

Operating Budget Summary

	MID-YEAR AMOUNTS	END OF YEAR
Total Income (from Form A)	\$ _____	\$ _____
Total Expenses (from Form B)	\$ _____	\$ _____
NET DIFFERENCE (if any)	\$ _____	\$ _____

If there is a net difference in any fiscal year, please indicate below how the deficit or surplus was, or will be handled.

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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 and 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 involved in the project? _____
- How many people were in the artist's traveling party (including technical staff)? _____
- Where are they based at? (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.)

2. Complete the following regarding AUDIENCE MEMBERS:

- 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.)