

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

**Project Support Program (PSP)
FINAL REPORT**

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

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

Legal Name of Applicant Organization _____

Umbrella Covered entity if applicable _____

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 _____

- 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)

1. Explain the rating:

2. List the strengths of the project:

3. List the weaknesses of the project:

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

5. Please give attendance to your project(s), broken down by city council district where your project(s) took place:

Total Attendance: _____

Council District #	Attendance	Council District #	Attendance	Council District #	Attendance
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_____	_____	_____	_____	_____	_____
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6. 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.

***All announcements and messages to organizations and artists will be communicated via email. Please provide an address that will be regularly accessed and ensure prompt contact.**

7. Activity Information

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

How was attendance to your events determined?

8. 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 ____%

9. 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.

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

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

12. 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 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)

**HOTEL/MOTEL STATISTICS
Project Support Program (PSP)**

FINAL REPORT

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 did they come 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.)

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.)

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

**FINANCIAL INFORMATION
Project Support Program (PSP)**

**FINAL REPORT
FORM A: Budget – Income**

Applicant: _____

Please itemize income sources as indicated below. Round off all figures to the nearest dollar. **Do not show in-kind contributions on this report. For in-kind match information, please contact Socorro Q. Diamondstein at 541-4167.**
Figures should relate to organization's fiscal year.

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

	CASH INCOME
A. Earned Revenue	
Ticket/Box Office Receipts	\$ _____
Tuition/Class/Workshop Fees	\$ _____
Contracted Service Revenue	\$ _____
Concessions	\$ _____
Other: _____	\$ _____
Total Earned income	\$ _____
B. Contributed income	
Fundraising/Special events	\$ _____
Individual Contributions	\$ _____
Membership Fees	\$ _____
Other: _____	\$ _____
Grants	
State Government	\$ _____
Federal Government	\$ _____
Corporate & Business	\$ _____
Foundations	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
Total contributed income	\$ _____
C. Other ORGANIZATIONAL Funds	\$ _____
D. AMOUNT REQUESTED FROM MCAD (for this project only)	\$ _____
TOTAL income (A + B + C+ D)*	\$ _____

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

**FINANCIAL INFORMATION
Project Support Program (PSP)**

**FINAL REPORT
FORM B: Budget – Expenses**

Applicant: _____

EXPENSES (for this project only)

	COLUMN A	COLUMN B
	MCAD	CASH
	REQUEST	EXPENSES
A. Organizational Personnel		
Administrative	\$ _____	\$ _____
Artistic	\$ _____	\$ _____
Technical/Production	\$ _____	\$ _____
B. Fringe Benefits		
C. Outside/Other Services		
Administrative	\$ _____	\$ _____
Artistic	\$ _____	\$ _____
Technical/Production	\$ _____	\$ _____
D. Local Travel	\$ _____	\$ _____
E. Printing/Copying	\$ _____	\$ _____
F. Postage	\$ _____	\$ _____
G. Telephone	\$ _____	\$ _____
H. Equipment Rental	\$ _____	\$ _____
I. Facility Rental		
J. Other Rental	\$ _____	\$ _____
K. Publicity/Promotion	\$ _____	\$ _____
L. Supplies/Materials	\$ _____	\$ _____
M. Insurance	\$ _____	\$ _____
N. Other: _____	\$ _____	\$ _____
TOTAL PROJECT EXPENSES	\$ _____	\$ _____
TOTAL PROJECT EXPENSES (Columns A + B)		\$ _____