

FINAL REPORTS DUE

Due August 7, 2020

PHOENIX OFFICE OF ARTS AND CULTURE GENERAL OPERATING SUPPORT LEVEL III FINAL REPORT

I. ARTS ORGANIZATION DATA:

Organization Phone
Street Address City and Zip
Submitted by E-mail
Report describes the Fiscal Year beginning and ending

II. PHOENIX STATISTICS

Please provide the actual numbers for the fiscal year.

Salaries paid in Phoenix	
Volunteer hours in Phoenix	
Total number of artists employed	
Number of local artists	
Number of non-local artists	
% of tickets sold by subscription/membership	%
% of tickets sold individually	%
Total annual attendance at Phoenix events	
Number of youth served by programs in Phx. (Pre-Kindergarten thru 12th grade)	

III. GENERAL OPERATING SUPPORT IMPACT (attach a narrative response to the following:)

- What learning, expertise, and/or experience was gained by your staff, board or others within your organization?
- What efforts did you make during the year to broaden, deepen, and/or diversify participation in your programs?
- What kind of information did you collect from audiences, from artists, and from staff and board to help you measure the impact of your programs/services?
- Please describe administrative, program or board-related capacity-building initiatives/strategies planned for the next fiscal year (training, tools, planning documents, consultancy, etc.)
- Briefly describe the publicity efforts used to promote your programs this year. Attach marketing/publicity materials and other verification of acknowledgment of POAC support.

IV. ORGANIZATION BUDGET

V. SUPPLEMENTAL BUDGET INFORMATION

ORGANIZATION BUDGET FOR THE COMPLETED FISCAL YEAR

For Fiscal Year which began on: _____ and ended on: _____ Please round amounts to the nearest dollar

REVENUE (earned income-cash only)	Amount	EXPENSES (cash only)	Amount
20 <u>Admissions</u>		29 <u>Personnel/Staff (include salary & benefits)</u>	
a) Single Ticket Sales	_____	a)Administrative #FTE	_____
b) Subscription Series	_____	b)Artistic #FTE	_____
c) Memberships	_____	c)Tech/Production #FTE	_____
Total Admissions	=====	Total Personnel/Staff	=====
21 <u>Contracted Services</u>		30 <u>Outside Fees and Services</u>	
a)Workshops/Classes	_____	a)Artistic (Guest Artists)	_____
b)Government Contracts	_____	b)Other	_____
c)Performance/Residency Fees	_____	Total Outside Fees and Services	=====
d)Other Contracted Services	_____		
Total Contracted Services	=====	31 Production Expenses	_____
22 <u>Other Revenue</u>		32 Space/Facilities	_____
a)Concessions/Sales/Bingo	_____	33 Travel	_____
b)Fundraising Events – Gross	_____	34 Marketing/P.R./Promotion	_____
c)Interest Earned	_____		
d)Miscellaneous Revenue	_____	35 <u>Remaining Operating Expenses</u>	
Total Other Revenue	=====	a)Fundraising	_____
Support (contributed income –cash only)		b)Phone/Postage	_____
23 Corporate Contributions	_____	c)Rentals (other than facilities)	_____
24 Foundation Grants	_____	d)Supplies/Materials	_____
25 <u>Other Private Contributions (cash)</u>		e)Insurance	_____
a)Individuals	_____	f)Concession/Sales Shop/Bingo	_____
b)Board Members	_____	g)Other	_____
c)Affiliated Organizations	_____	Total Remaining Operating Expenses	=====
Total Other Private Contributions	=====	36 Total Cash Operating Expenses	_____
26 <u>Government Support (identify source)</u>		37 Surplus/Deficit	_____
a)Federal	_____	<i>(Subtract item 36 from Item 28)</i>	
b)Regional	_____	38 Cash Reserve (non-obligated funds)	_____
c)State	_____	(List balance; if none list 0)	
d)County	_____	39 Accumulated Organization debt	_____
e)City	_____	(List balance; if none list 0)	
-Office of Arts and Culture	_____		
f)Other City Sources	_____		
Total Government Support	=====		
27 Applicant Cash (obligated funds)	_____		
28 Total Cash Operating Income	=====		
(Total items 20 thru 27)			

Name of Organization _____

Supplemental Budget Information

Please detail earnings within the boundaries of Phoenix for last completed fiscal year. (Please round numbers to the nearest dollar.)

40. Total Admissions _____
(See item 20)

41. Total Contracted Services _____
(See item 21)

42. Total Other Revenue _____
(See item 22)

43. Total Revenue earned in Phoenix _____
(Total items 40 thru 42)

Please list ALL cash contributions (total not limited to Phoenix)

44. Total Cash Contributions _____
(Total items 23 thru 27)

45. Grant Total Earned & Contributed Income _____
(Total items 43 & 44)

CERTIFICATION: I certify that to the best of my knowledge and belief, this report is correct and complete.

X _____
Signature of person completing report DATE

X _____
Signature of Authorizing Official DATE

Send by mail or email to: Anel E. Arriola Phone: 602-534-5084
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PLEASE NOTE:

- ⇒ All financial records must be maintained for three years following completion of grant period.
- ⇒ Inadequate or delinquent reports may affect future funding.