

<p>CITY OF GAINESVILLE PARKS, RECREATION & CULTURAL AFFAIRS DEPARTMENT</p> <p>OUTSIDE AGENCY GRANT ANNUAL REPORT</p>	<p>Annual Report Due October 30 (each year)</p>
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Reporting Period: October 1, _____ to September 30, _____

Organization Name: _____

Address (Mailing): _____

City: _____ Zip Code: _____ Phone: _____ FAX: _____

E-Mail Address: _____

Grant Amount: _____ Grant Period: _____ to _____

Program/Event Title: _____

Program/Event as Described in Application: _____

Forward the completed report to one of the following addresses:

Mailing Address	Hand Deliver Address	Email Address
<p>City of Gainesville Parks, Recreation & Cultural Affairs P. O. Box 490, Mail Station 30 Gainesville , FL 32627</p> <p>ATTN: Ashley Reichenbach</p>	<p>City of Gainesville The Historic Thomas Center Building A, Room 209 302 N. E. 6th Avenue Gainesville, FL 32601</p> <p>ATTN: Ashley Reichenbach</p>	<p>prcagrants@cityofgainesville.org</p>

FINANCIAL REPORT

EXPENSES

Please round to the nearest dollar amount (do not show cents). Note: The *Total Proposed Expenses** must match the amount submitted in your original application under the "Organization Budget Summary", See Page 5 or if you submitted a Grant Amendment Request, See Page 3.

ACTUAL EXPENSES		
DESCRIPTION	ORGANIZATION EXPENSES <small>(Include Outside Agency Grant Expenses)</small>	OUTSIDE AGENCY GRANT EXPENSES
Personnel – Administrative		
Personnel – Artistic		
Personnel – Technical/Production		
Outside Artistic Fees and Services		
Outside Other Fees and Services		
Space Rental		
Equipment Rental		
Travel		
Marketing/Advertising/Publicity		
Material & Supplies		
Printing		
Postage		
Remaining Operating Expenses		
TOTAL ACTUAL EXPENSES		
TOTAL PROPOSED EXPENSES* <small>(See Original Application under "Organization Budget Summary" or "Grant Amendment Request")</small>		
BALANCE (+/-)		

FINANCIAL REPORT

INCOME

Please round to the nearest dollar amount (do not show cents). Note: The *Total Proposed Revenues** must match the amount submitted in your original application under the "Organization Budget Summary", See page 6 or if you submitted a Grant Amendment Request, See Page 4.

ACTUAL REVENUES RECEIVED		
DESCRIPTION	ACTUAL REVENUE	REVENUE SOURCE
Admissions		
Contracted Services Revenue		
Other Revenue		
Corporate Support		
Foundation Support		
Private/Individual Support		
Government Support – Federal		
Government Support - State		
Government Support – County		
Government Support – Local		
Government Support – Local		
Government Support – Local (Support Services)		
Outside Agency Grant		
Applicant Cash		
TOTAL ACTUAL REVENUES		
TOTAL PROPOSED REVENUES* <small>(See Original Application under "Organization Budget Summary" or "Grant Amendment Request")</small>		
BALANCE (+/-)		

FINANCIAL REPORT

OTHER RESOURCES	Complete ONLY the white spaces, if applicable		
DESCRIPTION	VOLUNTEER HOURS	IN-KIND CONTRIBUTIONS (NON-CITY)	CASH AND IN-KIND (Not Part of this Grant Request)
Personnel – Administrative			
Personnel – Artistic			
Personnel – Technical/Production			
Outside Artistic Fees and Services			
Outside Other Fees and Services			
Space Rental			
Equipment Rental			
Travel			
Marketing/Advertising/Publicity			
Material & Supplies			
Printing			
Postage			
Remaining Operating Expenses			
City Building Rental (Thomas Center, Wilhelmina Johnson Resource Center, Recreation Centers, etc.)			
Cash From Other City Department Budgets (i.e. GPD, Recycling, GRU, CDBG, etc.)			
Other (Give Explanation)			
TOTAL OTHER RESOURCES			
PROPOSED OTHER RESOURCES* (See Original Application under "Organization Budget Summary")			
BALANCE (+/-)			

ACTIVITY SUMMARY

Please answer the following questions as they relate to your program/project. You may refer to the Glossary and Definitions section of this application for clarification of terms used. If a question does not apply, please indicate "N/A". If data is not available, state why.

1. List the date, events, number of occurrences and attendance of the primary activities supported by this grant.

	Date	Activity Title-Group Performance/Events Runs Together	Attendance
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

2. Other Activities:

	Date	Activity Title-Group Performance/Events Runs Together	Attendance
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

GRANT IMPACT

Description	Total	Comments
How many actual events were part of this grant?		
How many opportunities for public participation were part of this grant?		

How many individuals attended/benefited from your event(s)?		
Type	Attendance	Comments
General Admissions		
Adult Tickets		
Children/Youth Tickets		
Senior Tickets		
Discounted/Group Tickets		
Complimentary Tickets		
Free/Non-Ticketed Events:		
Seniors		
Children/Youth		
All Other		
Other (Please specify in comment section)		
Total Attendance/Individuals Benefited		

Participants/Volunteers		
Type	Number	Comments
How many artists participated?		
How many staff was involved?		
How many volunteers participated?		
Total number of volunteer hours		

EVALUATION

1. How was the City recognized/acknowledged as a contributor and sponsor? Attach any supporting documentation (i.e. brochures, newsletters, articles, letters of appreciation, etc.).

2. Did your organization encourage economic development, innovation, and entrepreneurship in the arts? Explain.

3. Describe how your organization's programming aligned with the City's principle of "Meaningful Experiences for Everyone."

4. Did your programming support arts education for the community? Please explain

5. Did your program/event provide support for/to statewide, nationally or internationally recognized activities, artists or organizations? Please give explanation.

6. Photographs

Please provide photographs of your events/performances in a Zip File or large file transfer site, (i.e. *Hightail, Drop Box, etc.*) and email to the address indicated on the cover page. In doing so, you authorize your photos to be used in Visit Gainesville, City of Gainesville and Alachua County promotional materials. Space is provided below if you would like to comments on your photos.

7. REPORT CERTIFICATION:

I affirm that this report represents an accurate description of grant activity within the report dates specified above, in accordance with conditions as set forth in the Outside Agency Grant Award Agreement.

Signature of Authorized Official Date

Signature Date

Print Name and Title of Authorized Official

Name of Person Completing Report (if different from above)

Signature of City Representative Date Received