

**Odessa Council for the Arts & Humanities
Evaluation Report Form**

I. ORGANIZATION INFORMATION

Organization Name _____

Mailing Address _____ City _____ Zip _____

Phone _____ Fax _____ Email _____

Name of Preparer (Who can answer questions) _____

Title _____ Daytime Phone _____

Signature _____ Date _____

(Report is not complete without signature.)

II. PROJECT INFORMATION

Purpose of grant (Please check **only** one): _____ Operating; or, _____ Special Event

Project Name: _____

When did the project occur? Start date _____ End date _____

Attendance: Odessans _____ Outside Odessa _____ Total _____

Of total, how many youth? _____ How many ECISD students? _____

How many hotel room were booked by your organization for this project? _____

Name of hotel _____

Name of facility where project took place _____

Is it accessible to people with disabilities? Yes [] No []

Did the project specifically involve arts education and how?

Did any special group attend and how many? (special ed class, senior citizens group, etc.)?

III. DESCRIPTION OF PROJECT

Please describe the project, the goals, whether or not they were met, the evaluation process, marketing and the success of your marketing.

IV. ACTUAL FINANCIAL INFORMATION

Organization Name: _____

A. Income applied to this project

1. Earned Income

Admissions/box office receipts	\$ _____
Advertising	\$ _____
Tuition, class/workshop fees	\$ _____
Interest on investments/endowments	\$ _____
Other earned income	\$ _____

Total Earned Income \$ _____ *[a]*

2. Unearned income

Government support
State: TCA____ TCH____ Other _____ \$ _____
Federal: NEA____ NEH _____ Other _____ \$ _____
Other _____ \$ _____

Private support
Fundraising/Benefits \$ _____
Individual contributors/sponsors \$ _____
Memberships or dues \$ _____
Corporate (businesses, corporations, corporate foundations) \$ _____
Private Foundations \$ _____
Other _____ \$ _____

Total Unearned Income \$ _____ *[b]*

3. Cash from prior year(s) applied to this project \$ _____ *[c]*

B. Total cash income applied to this project

(Total of *[a][b][c]* - **Must** equal total of Column #2, page 4) \$ _____

C. OCA&H grant award (Must equal Column #1) \$ _____

D. IN-KIND SUMMARY (Must equal Column #3) \$ _____

E. TOTAL INCOME (Must equal Column #4) \$ _____

E. Expenditures applied to this project

Notes:

- Columns must correspond with indicated numbers from the previous page.
- Round of all numbers to the nearest dollar.
- Leave space blank if not applicable to project.

	OCA&H(#1)	Cash (#2)	In-Kind (#3)	Total (#4)
1. Permanent staff salaries and benefits				
Administrative	_____	_____	<u>XXXXXXXX</u>	_____
Artistic	_____	_____	<u>XXXXXXXX</u>	_____
Technical	_____	_____	<u>XXXXXXXX</u>	_____
2. Fees for outside professional services/contracts				
Administrative	_____	_____	<u>XXXXXXXX</u>	_____
Artistic	_____	_____	_____	_____
Technical & other	_____	_____	_____	_____
3. Facility rental	_____	_____	_____	_____
4. Travel & lodging	_____	_____	_____	_____
5. Marketing & promotion				
Printing brochure	_____	_____	_____	_____
Postage	_____	_____	_____	_____
Paid advertising	_____	_____	_____	_____
_____	_____	_____	_____	_____
6. Event expenses				
Equipment rental	_____	_____	_____	_____
Shipping	_____	_____	_____	_____
Supplies & materials	_____	_____	_____	_____
Rental fee/royalties	_____	_____	_____	_____
Printing	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
7. Utilities	<u>XXXXXXXX</u>	_____	_____	_____
8. Other expenses	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Expenses	\$ _____	_____	_____	_____
	(#C)	(#B)	(#D)	(#E)

Name of Organization: _____

VI. ETHNICITY INFORMATION

Please give the approximate ethnic breakdown of the **individuals served** by this proposal.

American Indian/Alaskan Native	_____	%
Asian/Pacific Islander	_____	%
Black (not Hispanic)	_____	%
Hispanic	_____	%
White (not Hispanic)	_____	%
Multi-Racial	_____	%
TOTAL	_____ 100	%

VII. ATTACHMENTS

- Expense summaries as needed. **Do not include blank summaries.**
- Programs, pictures, newspaper or magazine articles, announcements, flyers, news releases, etc. specific to the grant. **Be selective!**
- Publicity or printed materials crediting the Odessa Council for the Arts & Humanities with funding assistance.

Odessa Council for the Arts & Humanities Instructions to Evaluation Report Form

IMPORTANT!! Please be sure all information on evaluation relates to the project for which you were funded. This report is to be filed within 30 days following the completion of the project or by January 31 of the year following the grant year. If corrections or additional information is needed, it must be received by February 28, or the evaluation will be considered unfiled. Failure to file will render the grantee ineligible for the next grant period. The last 25% payment on the grant **will not be made until this report is filed.**

I. ORGANIZATION INFORMATION

- The person who prepares the evaluation and can answer questions should sign the form. The form is not complete without a signature.

II. PROJECT INFORMATION

- Be sure the name and purpose of the grant are the same as the application.
- Attendance – The Total is the sum of “Odessans” and “Outside Odessa”. Youth are part of Total and ECISD students are part of youth.
- If your organization booked hotel rooms for project participants, indicate how many and the hotel.
- **Do not** indicate that the project involved arts education unless a study guide was created or the project included a class. Educating people about art, music, theatre or an ethnic heritage is not enough to be specifically arts education.
- If a special group attended, say which one and how many.

III. DESCRIPTION OF PROJECT

- **Be concise!** The narrative should include the requested information and fit on this page.

IV. ACTUAL FINANCIAL INFORMATION

- Do the **Actual Expenditures** first.
- **Do not** put numbers where there are xx’s.
- **Do not include anything in the “In-Kind” column unless you have a letter or receipt from the donor verifying the donation.**
- Put expenses and match into as few categories as possible. You do **not** need to use your entire organizational budget, even on Operating Grants.
- Do the **Actual Income** after completing the expenditures.
- **In-Kind** may be no more than **50%** of your match.

V. SUMMARY SHEETS

- Include **Summary Sheets** only for those categories in which you had expenses. Make copies of Page 2 of the Summary Sheet as needed.
- There are eight (8) categories and a separate In-Kind Summary. Do not include in-kind with the cash expense summaries.
- **All cash** is to be covered by one of the summaries (both OCA&H and the organization.)
- **Mark** each check or invoice copy with a large number (preferably with magic marker) that corresponds to the Item number on the Summary Sheet.

OCAH EVALUATION REPORT - EXPENSE SUMMARY
CATEGORY #2
FEEES FOR OUTSIDE PROFESSIONAL SERVICES & CONTRACTS

Combine all cash expenses (both Column 1 & 2) into the following categories. Use the numbers from the Expenditure portion of the Actual budget. These numbers should be rounded off to the nearest dollar.

Administrative	
Artistic	
Technical & Other	
Total	

List each expense below, beginning with Item#1 (**not your check number**), place the item # on each invoice copy and attach to this form. Do not round off these numbers. The total should be the same as the total above if it were rounded off.

<u>Item #</u>	<u>Date of Expense</u>	<u>Description/Purpose of Expense</u>	<u>Amount</u>
Category Total			

**OCAH EVALUATION REPORT - EXPENSE SUMMARY
CATEGORY #5
MARKETING & PROMOTION**

Combine all cash expenses (both Column 1 & 2) into the following categories. Use the numbers from the Expenditure portion of the Actual budget. These numbers should be rounded off to the nearest dollar.

Printing Brochure	_____
Postage	_____
Paid Advertising	_____
_____	_____
_____	_____
Total	_____

List each expense below, beginning with Item#1 (**not your check number**), place the item # on each invoice copy and attach to this form. Do not round off these numbers. The total should be the same as the total above if it were rounded off.

<u>Item #</u>	<u>Date of Expense</u>	<u>Description/Purpose of Expense</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Category Total	_____

OCAH EVALUATION REPORT - EXPENSE SUMMARY
CATEGORY #6
EVENT EXPENSES

Combine all cash expenses (both Column 1 & 2) into the following categories. Use the numbers from the Expenditure portion of the Actual budget. These numbers should be rounded off to the nearest dollar.

Equipment Rental	_____
Shipping	_____
Supplies & Materials	_____
Rental fee/royalties	_____
Printing	_____
Insurance	_____
_____	_____
_____	_____
Total	_____

List each expense below, beginning with Item#1 (**not your check number**), place the item # on each invoice copy and attach to this form. Do not round off these numbers. The total should be the same as the total above if it were rounded off.

<u>Item #</u>	<u>Date of Expense</u>	<u>Description/Purpose of Expense</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Category Total	_____

OCAH EVALUATION REPORT – EXPENSE SUMMARY
CATEGORY #8
OTHER EXPENSES

Combine all cash expenses (both Column A & B) into the following categories. Use the numbers from the Expenditure portion of the Actual budget. These numbers should be rounded off to the nearest dollar.

Total	

List each expense below, beginning with Item#1 (**not your check number**), place the item # on each invoice copy and attach to this form. Do not round off these numbers. The total should be the same as the total above if it were rounded off.

<u>Item #</u>	<u>Date of Expense</u>	<u>Description/Purpose of Expense</u>	<u>Amount</u>
		Category Total	

