

Organizational Grants Final Report – FY2017  
Final Report Form Arts Project Grant Outreach

**ASSURANCE PAGE:**

THE AUTHORIZED ORGANIZATION OFFICIAL WHO IS SIGNING CERTIFIES THE FOLLOWING:

- Submitted FINAL REPORT (Forms 1 & 2) to the Houston Arts Alliance on or before November 15, 2017 by 5:30 p.m.
- All events/programs and services which the grant supported took place during the grant term and were completed.
- Financial documentation clearly supports grant related expenses and is organized according to the Financial Documentation Summary (Section G)
- The organization is in compliance with all applicable federal, state, local laws and the funds were used in accordance with the Hotel Occupancy Tax Texas Tax Code Chapter 351.
- Audience and artist’s demographics are complete and as accurate as possible. (If grantee was part of another HAA grantee’s festival or major attraction, do not include the audience count in your attendance number.)
- The Final Report submitted to the Houston Arts Alliance has been duly authorized by the Executive Director (or the equivalent) who is an authorized official of the organization and is at least the principal of the organization with the legal authority to certify the information contained in the Final Report.

Houston Arts Alliance  
Grants Department – FY17 Final Report  
3201 Allen Parkway, Suite 250  
Houston, TX 77019-1800

**\*FOR ASSISTANCE:** Please contact Grants staff at (713) 527-9330 or [Grants@haatx.com](mailto:Grants@haatx.com)

**\*LATE FINAL REPORTS:** Grantee or Fiscal Sponsor on behalf of the Grantee shall forfeit automatically any outstanding payment due if Final Report is received by Houston Arts Alliance more than 45 days past published deadline without authorization from the Houston Arts Alliance.

\_\_\_\_\_  
Signature of Executive Director or Equivalent  
*Print name for signature.*

\_\_\_\_\_  
Date

Print Name:

Phone:

Title:

Email:

\_\_\_\_\_  
\_\_\_\_\_



Organizational Grants Final Report – FY2017  
**Final Report Form Arts Project Grant-Outreach**

**FY17 Award Number:**

**Balance Due :**

Reminder: Grantees **must provide** expenses for their organization's entire operating budget from October 1, 2016 to September 30, 2017.

**This final report must be submitted by November 15, 2017 no later than 5:30pm.**

**Grantee Information**

Please indicate the grant program you are enrolled in which corresponds to this final report.

Program:

General Operating Support

Arts Project Grant

General Operating Support Expansion

Arts Project Outreach

<b>ORGANIZATION NAME:</b>																						
<b>Organization Physical Address</b>																						
Address:																						
Address (Cont.):																						
City:			State: Texas (TX)						Zip:													
<b>Mailing Address if different from above (i.e. P.O. Box)</b>																						
Address:																						
Address (Cont.):																						
City:			State: Texas (TX)						Zip:													
Phone:			Fax:																			
<b>Contact Information: Please enter your CEO or equivalent for the Contact information.</b>																						
Contact Name:																						
Contact Title:																						
Contact Phone:																						
Email:																						
City Council District																						
		A		B		C		D		E		F		G		H		I		J		K
County Precinct			1		2		3		4		5											

**A**

**Personnel Information**

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**PERSONNEL INFORMATION:** Provide (in numbers) the following personnel during the grant period (October 1, 2016 – September 30, 2017)

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**Full-time paid personnel:**

**Part-time paid personnel:**

**Artists/Cultural Experts who receive a fee:**

**Artists/Cultural Experts NOT paid (volunteer):**

**Non-Artist volunteers:**

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**B**

**Narrative Questions**

**SCOPE OF SERVICES:** Please, describe the outcomes of your project activities, expected and/or unexpected. Did you successfully implement all activities as described in your scope of services? 350 word maximum.

**B**

**Narrative Questions**

If the actual income **OR** expenses varied by more than 20% from the original budget, please explain. 350 word maximum.

**B**

**Narrative Questions**

**Marketing:** Please indicate how the organization met the requirements of the Hotel Occupancy Tax to promote tourism and the convention and hotel industry by listing the specific way that the organization notified, marketed and advertised to the public the events offered by the organization. 350 word maximum.

**B**

**Narrative Questions**

**Tracking:** To meet the Hotel Occupancy Tax requirements, please indicate how your organization tracked or measured tourist and visitor participation. **Please attach the Audience Survey sample** form or your organization survey and state when the survey was used and how often. 350 word maximum.

**C****Audience Summary Statement**

The information requested here will be provided to agencies that are looking for realistic numbers of audiences served. Please do not consider counting audiences that are part of another group's main event funded by HAA. Example: If you performed or participated in a festival **funded by HAA**, outside of your scope of services, do not include those numbers. This is to avoid duplication of audience number counts.

**Based upon your activities in the completed fiscal year (October 1, 2016 – September 30, 2017) please complete the following.**

**I. On site-attendance Total Number:**

- From October to September: This number should be the door count or number of patrons who attended your normal exhibitions, activities, and performances.
- The number should not count any activity that was part of another arts organization's primary activity, such as a festival or use of your space or facility for other arts organization events.
- Do not count audience from website hits or radio/TV broadcasts.

**II. Outreach Audience Total Number:**

- From October to September: This number should include attendance at locations such as libraries, community centers, in classroom events or other facilities not counted above as part open to the general public.

**III. Total Attendance (I + II=):**

**IV. List the top 10 cities or zip codes** from (50 miles or more outside of Houston) which your audience came to attend your performances this season (October 1, 2016 – September 30, 2017)


**D****Audience Survey**

Along with the required Audience Summary Statement (Section C) please submit a completed **Audience Survey Form**. Also, provide any compiled data from survey if available.

**E****Programming Location Report**

HAA collects information that relates to the programming conducted by all cultural partners. By capturing everywhere that your organization conducts programs, we'll be able to demonstrate to the public, legislators, and key stakeholders a more robust picture of how HAA funds are making a real difference in our community. HAA is also interested in seeing where programming is taking place beyond the borders in the City of Houston. This information, used only internally, helps HAA understand the reach of the programming for organizations based in City of Houston. **[Completed reports should be emailed to grants@haatx.com.](mailto:grants@haatx.com)**

Link to report:

**F****Project Documentation**

Please provide 3-5 samples of announcements, news releases, flyers, and other materials specific to the HAA related activities. Please indicate the Houston Arts Alliance credit line, HAA logo and the City of Houston's logo, on the publicity or printed materials. Please limit items to no more than one example of each, excessive items will be discarded.

**Breakdown of people served – Required:** Please provide an estimation of the Cultural/Ethnic characteristics of the audiences served during the grant period (10/1/2016 – 9/30/2017)

**Race/Ethnicity** *(no percentages here -- whole numbers only!)*

**Audience Numbers**

African American  
 Asian American/Pacific Islander  
 Caucasian  
 Latino/Hispanic  
 Native American  
 Multi-Racial  
 Total for Race/Ethnicity *(this should match the Total for Age Groups below)*

**Age Groups** *(no percentages here -- whole numbers only!)*

**Audience Numbers**

Youth Under 18  
 Adults (18-64)  
 Seniors (65 and over)  
 Total for Age Groups *(this should match the Total for Race/Ethnicity above)*

**Other** *(no percentages here -- whole numbers only!)*

**Audience Numbers**

People with disabilities  
 Tourists and visitors (all ages)

**ARTIST DEMOGRAPHICS:** Please provide numbers for artists, performers, and cultural experts who participated in the organization's programs during the grant period (10/1/2016 – 9/30/2017)

**Breakdown of Artists, Performers or Cultural Experts involved in programs:**

**Race/Ethnicity** *(do not use percentages here: whole numbers only)*

**Artists/Cultural Experts**

African American  
 Asian American/Pacific Islander  
 Caucasian  
 Latino/Hispanic  
 Native American  
 Multi-Racial



Total:

*(This number should match the Total number of Artists, Performers and Cultural Experts below.)*

**Age Groups *(do not use percentages here: whole numbers only)***

**Artists/Cultural  
Experts**

Youth

Adults (18-64)

Seniors (65 and over)

Total:

*(This number should match the Total number of Artists, Performers and Cultural Experts above.)*

**Other *(do not use percentages here: whole numbers only)***

**Artists/Cultural  
Experts**

People with disabilities

Experts from other cities

This space left blank intentionally.

## Financial Documentation - REQUIRED

All items listed should only correspond to your HAA FY17 Grant Award Amount.

Before submitting this form please verify that:

- All items fall within the grant term (FY17: October 1, 2016 to September 30, 2017) & are within HOT compliance as detailed in your contract.
- Items correspond with organizations FY17 Scope of Services as detailed in the grant agreement.
- Organization has provided **TWO** supporting documents per each item listed below.
  - Canceled Checks + invoices and signed artist contracts or receipts etc.)**
  - (Checks + bank statements showing the check has been paid.
- Items are organized & attached in the order listed below. **Please label each document to correspond with its respective letter.**

**Example:** First listed expenditure will be labeled: "a."

*Excessive and unnecessary documentation will delay final payment processing. If you need additional space please attach a separate page using the same column format.*

Description of Check/Invoice/Contract/ Receipt	Check #	Amount
<i>EX: Artist Contract for Nancy Houston (SAMPLE)</i>	<i>(SAMPLE) Check #3201</i>	<i>(SAMPLE) \$500.00</i>
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		
k.		
l.		
m.		
n.		
o.		
p.		
q.		
r.		
s.		
t.		
u.		
v.		
w.		
x.		
y.		
z.		
aa.		
bb.		
cc.		

dd.	
ee.	
ff.	
gg.	
hh.	
ii.	
jj.	
kk.	
ll.	
mm.	
nn.	
oo.	
pp.	
qq.	
rr.	
ss.	
tt.	
uu.	
vv.	
ww.	
xx.	
yy.	
zz.	
aaa.	
bbb.	
ccc.	
ddd.	
eee.	
fff.	
ggg.	
hhh.	
iii.	
jjj.	
kkk.	
lll.	
mmm.	
nnn.	
ooo.	
ppp.	
qqq.	
rrr.	
sss.	
ttt.	
uuu.	
vvv.	
www.	
xxx.	
<b>AMOUNT EQUALS TOTAL HAA GRANT:</b>	