

**HOWARD COUNTY ARTS COUNCIL**  
**Community Arts Development Grant Program**

For Office Use Only App. # Rec'd Award:
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FY 2010 FINAL REPORT

Please type all information. **This report is due by July 14, 2010.** An up-to-date financial statement from the most recent fiscal year, signed by the Organization's fiscal officer or professional accountant must accompany the report. If your organization receives a grant of \$10,000 or more, you must provide the name and credentials of your bookkeeping or accounting service. If your organization receives a grant of \$15,000 or more, a professional financial review must also be filed. If your organization receives a grant of \$15,000 or more and has an annual operating budget over \$500,000, a professional audit must be filed. Additionally, please attach publicity materials and indicate where the Howard County Arts Council and Howard County are acknowledged in those materials. Please provide, in outline form not to exceed one page, a list of programs and activities performed during the grant year. Include the title of the program, featured artists, location and date(s). Future applications will not be considered unless the complete final report is submitted. After your final report is reviewed, you may be asked to clarify or augment information.

1. Organization \_\_\_\_\_
2. Primary Contact Person \_\_\_\_\_
3. Title \_\_\_\_\_
4. Phone (office) \_\_\_\_\_ E-mail \_\_\_\_\_

5. Please list the goals stated in your proposal and to what extent they were achieved.

Do Not Exceed This Space

Goal(s):

Achievement(s) (Please describe how these were evaluated):

6. Compare the actual number of people served with the number anticipated.

a.) Total audience\*: Actual \_\_\_\_\_ Anticipated \_\_\_\_\_

b.) Number of artists participating: Actual \_\_\_\_\_ Anticipated \_\_\_\_\_

c.) Number of artists participating from Maryland: \_\_\_\_\_

Howard County: \_\_\_\_\_

\* Please explain your methodology in determining these figures.

7. The Howard County Arts Council is required by The State of Maryland to provide information about the participation of particular ethnic groups. In addition, it is important to our advocacy efforts to collect information about volunteerism in the arts. Please complete the following sections to the best of your ability.

**A. Individual participation # or %**

African American, Black	_____	Mexican, Chicano	_____
American Indian	_____	Native Hawaiian, Pacific Islander	_____
Asian	_____	Puerto Rican	_____
Hispanic, Latino	_____	White or Caucasian	_____
Other (Specify)	_____		_____
_____	_____		

**B. Artists # or %**

African American, Black	_____	Mexican, Chicano	_____
American Indian	_____	Native Hawaiian, Pacific Islander	_____
Asian	_____	Puerto Rican	_____
Hispanic, Latino	_____	White or Caucasian	_____
Other (Specify)	_____		_____
_____	_____		

**C. Volunteers**

Number of Board Members \_\_\_\_\_

Number of Non-Board Volunteers \_\_\_\_\_

Total Number of Volunteer Hours \_\_\_\_\_



12. Financial Statement (cash only, do not include in-kind support)

Cash Revenues

Admissions \_\_\_\_\_  
 Contracted Services  
 (workshops, etc.) \_\_\_\_\_  
 Tuition \_\_\_\_\_  
 Memberships \_\_\_\_\_  
 Interest \_\_\_\_\_  
 Indiv. Contributions \_\_\_\_\_  
 Corp. Contributions \_\_\_\_\_  
 Foundations \_\_\_\_\_  
 Federal Grants \_\_\_\_\_  
 State Grants \_\_\_\_\_  
 City Grants \_\_\_\_\_  
 Cash-on-hand/  
 Carry over \_\_\_\_\_  
 HCAC Grant Award \_\_\_\_\_  
 Other (list) \_\_\_\_\_  
 \_\_\_\_\_  
 JRT Subsidy \_\_\_\_\_  
**Subtotal Revenues** \_\_\_\_\_  
 Capital Revenue \_\_\_\_\_  
 Fundraising Events \_\_\_\_\_  
**TOTAL Revenues** \_\_\_\_\_

**In-Kind Support**

(DO NOT include this amount under Income or Expenses)

Cash Expenses

Salaries - Artistic \_\_\_\_\_  
 # Full Time \_\_\_\_\_ # Part Time \_\_\_\_\_  
 Salaries - Technical \_\_\_\_\_  
 # Full Time \_\_\_\_\_ #Part Time \_\_\_\_\_  
 Salaries - Admin. \_\_\_\_\_  
 # Full Time \_\_\_\_\_ #Part Time \_\_\_\_\_  
 Employee Benefits \_\_\_\_\_  
 Rent/Utilities \_\_\_\_\_  
 Marketing \_\_\_\_\_  
 Program Materials \_\_\_\_\_  
 Office Supplies \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Other (list) \_\_\_\_\_  
 \_\_\_\_\_  
**Subtotal Expenses** \_\_\_\_\_  
 Capital Expense \_\_\_\_\_  
 Travel \_\_\_\_\_  
 Fundraising \_\_\_\_\_  
**TOTAL Expenses** \_\_\_\_\_

NOTE: If your organization received a grant of \$10,000 or more, please provide in the space below the name and credentials of your bookkeeping or accounting service. If your organization received a grant of \$15,000 or more, please forward the required financial review or audit with your final report.

13. I certify that this financial statement is correct and represents the actual revenues and expenses for this organization for FY 2010.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please return to the HCAC by **July 14, 2010.**

For Office Use Only  
App. #:  
Rec'd:  
Request:

HOWARD COUNTY ARTS COUNCIL  
8510 High Ridge Road  
Ellicott City, MD 21043  
410.313.2787

**THE JIM ROUSE THEATRE FOR THE PERFORMING ARTS RENTAL SUBSIDY  
REQUEST FORM FY2010  
(July 1, 2009 – June 30, 2010)**

Please read all instructions before completing this application. Postmark or hand-deliver the original application plus twelve (12) copies (total of 13 copies) by **May 8, 2009 at 4 PM**. After your application is reviewed, you may be asked to clarify or augment information. Incomplete or incorrectly completed applications will be returned.

1. Applicant Organization \_\_\_\_\_
2. Address \_\_\_\_\_
3. City, State, Zip \_\_\_\_\_
4. Primary Contact Person \_\_\_\_\_ 5. Title \_\_\_\_\_
6. Phone (office) \_\_\_\_\_ 7. E-mail \_\_\_\_\_
8. Proposed dates and times for your organization's performances at The Jim Rouse Theatre (JRT):
9. Describe the nature of the performance(s) and how the activity is appropriate to the goals of the Rental Subsidy Program. (Use one (1) additional sheet if necessary).
10. Size of anticipated audience for the proposed JRT performance(s)? \_\_\_\_\_
11. Please provide a breakdown of performance costs and rehearsal costs below:  
\_\_\_\_\_ Rehearsals x \_\_\_\_\_ Hours x \$135\* (cost per hour) = \_\_\_\_\_  
\_\_\_\_\_ Performances x \_\_\_\_\_ Hours x \$245\* (cost per hour) = \_\_\_\_\_
12. FY2010 JRT rent subsidy request: \_\_\_\_\_

\*Subsidy request may not exceed one-half of the total rental expenses (Line 11) or one-half of the total HCAC funds available for subsidies and must be based on the actual cost of renting the theatre excluding additional production and technical costs. **\*Rates are subject to change; please contact The Jim Rouse Theatre at 410-997-1317 for current rental rates and theatre availability.**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

## JRT Project Budget Summary

Fill out **only if** you are not applying for a FY2010 operating or special project grant.  
Use actual cash income/expenses only. Do not include in-kind services.

<b>EXPENSES</b>	<b>Proposed Budget</b>
13. Salaries-Artistic	_____
14. Salaries-Technical	_____
15. Salaries-Administrative	_____
16. Space (rent and utilities)*	_____
17. Production Costs	_____
18. Office Supplies	_____
19. Marketing	_____
20. Insurance	_____
21. Other**	_____
_____	_____
_____	_____
<b>22. Sub-total expenses</b>	_____
23. Travel	_____
24. Capital Expenses	_____
25. Fundraising	_____
<b>26. TOTAL EXPENSES</b>	_____
<b>REVENUES</b>	
27. Admissions	_____
28. Contracted services (fees for outside professional services)	_____
29. Tuition (classes, workshops, master classes, etc.)	_____
30. Interest on accounts	_____
31. Individual contributions	_____
32. Corporate support	_____
33. Foundation grants	_____
34. State grants	_____
35. Federal grants	_____
36. County/City grants	_____
37. Other revenue**	_____
_____	_____
38. JRT Subsidy Request*	_____
<b>39. Subtotal</b>	_____
40. Capital Revenues	_____
41. Fundraising	_____
<b>41. TOTAL REVENUES</b>	_____

\*Subsidy request may not exceed one-half of the total rental expenses or one-half of the total HCAC funds available for subsidies and must be based on the actual cost of renting the theatre excluding additional production and technical costs.

\*\* Please explain source of these funds.

**NOTE:** HCAC does not fund travel, deficits, capital expenses, or purchases of permanent equipment.

I certify that this financial statement is correct and represents the actual revenues and expenses for this organization's program for FY 2010.

Date \_\_\_\_\_ Signature \_\_\_\_\_