

EXHIBIT B  
 BROWARD CULTURAL COUNCIL  
**CULTURAL DIVERSITY PROGRAM**  
**PROJECT EVALUATION REPORT**

**This grant project evaluation report must be filed with the Cultural Division, no later than 30 days after completion of the project period.**

Organization:	
Mailing Address:	
Project Director: Title:	Telephone: _____ Ext. _____ Fax: _____
Grant Award: \$ _____ Year in CDP    1   2   3   4	BCC Project # CDP _____
Date project began:	Date project ended:

- 1. PERFORMANCE INFORMATION** - List dates, location, and title for all performances/exhibitions that were provided to the public by the organization during this project period (October 1 through September 30).

**Date**

**Location**

**Program**

**2. ATTENDANCE**

Attendance at all events Paid _____ + Complimentary _____ = TOTAL: _____	Total revenues from paid attendance at project events: \$ _____
Describe the method for computing the total attendance. Did your events meet projected attendance figures? If not, explain.	

**3. OUTREACH** - provide numbers of individuals for all applicable categories.

Category	Participants/Performers	Audience
Geographically underserved		
Minorities		
Children		
Disabled		
Elderly		
TOTALS		

**4. PERSONNEL**

Number	Artists	Administrative	Support Staff	Board	TOTALS
Full-time - Paid					
Part-time - Paid					
Volunteers					

How many hours did volunteers contribute during the project period? \_\_\_\_\_

Describe your method for tracking volunteer hours:

## 5. NARRATIVE OF PROJECT ACTIVITIES

- A.** Describe how the BCC Cultural Diversity Program funds were used by grantee. Identify programs, exhibits, etc. which benefited from or would not have been possible without this grant.
- B.** Summarize your participation in the technical assistance program and describe what tangible outcomes have derived from this participation. What specific objectives have you achieved this grant period toward building organizational capacity?

**6. REQUIRED ATTACHMENTS:**

- \_\_\_\_\_ Enclose EITHER two (2) quality black and white, OR two (2) color first generation (an original, not a copy) photographs. Electronic/digitized images that clearly document the organization=s grant activity are preferred.
- \_\_\_\_\_ Copies of media buys, including print ads and recordings of electronic media ads
- \_\_\_\_\_ Copy of the organization=s promotional materials with the Broward County logo and BCC funding statement.
- \_\_\_\_\_ List of technical assistance workshops attended by the chief staff member and chief volunteer (board member) of your organization.

**CERTIFICATION:** The undersigned certify that the information provided in this Project Evaluation Report is true and correct, and that Broward County funds were expended solely for the purpose of the approved grant activity.

Signature - Chief Executive Officer	Signature - Project Director
Typed Name of CEO:	Typed Name of Project Director:
Date:	Date: