

EXHIBIT B
 BROWARD CULTURAL COUNCIL
**EDUCATION AND COMMUNITY DEVELOPMENT
 PROJECT EVALUATION REPORT**

This grant project evaluation report must be filed with the Cultural Division with the final invoice and no later than 30 days after the completion of the project.

Organization:	
Mailing Address:	
Name of person completing this form:	
Project Director: Title:	Telephone: _____ Ext. _____ Fax: _____
Project Title:	BCC Grant #: ECD _____
Date project began: Date project ended:	Total Cost of Project: \$ _____ Amount of Grant Award: \$ _____

APPLICANT'S CATEGORY (CHECK ONE)

- Public entity
- Cultural nonprofit organization
- Individual

1. Briefly describe your project - What did you do? When did you do it? Where did you do it?

2. Staff/Outside Professionals engaged in the project

Number	Artists	Program / Professionals	Administrative	Other Staff	Board	Totals
Full-time						
Part-time						
Volunteers						
Totals						

3. Clients served by the project

Age	Male	Female	African American	Asian / Pacific Islander	Caucasian	Hispanic	Native American	Disabled
Under 6								
6 – 10								
11 – 16								
17 – 55								
Over 55								
Totals								

4. Briefly describe your marketing strategy and how you recruited participants:

5. Briefly describe your participant retention efforts. How many participants signed up and how many completed the program? What was the average attendance throughout the project?

6. Florida Sunshine State Learning Standards Checklist FOR _____ (MUSIC, DANCE, DRAMA, VISUAL ARTS, LANGUAGE ARTS, MATH, SCIENCE OR SOCIAL STUDIES)
<http://www.firn.edu/doe/curric/prek12/frame2.htm>

	DISCIPLINE	CATEGORY/GOAL	STANDARD	ACTIVITIES/OUTCOMES
EX	Visual Art	Skills & Techniques	VA.A.1.1	17 Students attended 75 % of the classes; 12 learned acrylic painting techniques and 9 created 3 acrylic paintings.
EX	Dance	Cultural & Historical Connections	DA.C.1.3	22 Students attended 59% of the classes; 18 learned and performed 5 traditional Native American dances.
1.				
2.				
3.				
4.				
5.				

7. Optional: Please identify any social, economic, political, or advocacy goals. Did the project have an impact on the community?

8. Explain any delays the project had in starting.

9. How did you involve family members or members of the community in the program and strategies?

10. What suggestions do you have to improve the program?

11. GRANT PROJECT FINANCIAL INFORMATION:

Any Contractor receiving Twenty-Five Thousand Dollars (\$25,000.), or less, in any one COUNTY fiscal year must submit Exhibit "B," Project Evaluation Report, with all required information, including financial information, and file it with the COUNTY within thirty (30) calendar days after completion of the project. (Data compiled from organization's last completed fiscal year.).

Cash Expenses - Project/ program excluding building funds	Grant Funds	Organization & other funds	Total
Personnel - Organization			
Administrative	\$	\$	\$
Artistic	\$	\$	\$
Support	\$	\$	\$
Outside Professional Services	\$	\$	\$
Artistic	\$	\$	\$
Other	\$	\$	\$
Space Rental	\$	\$	\$
Travel	\$	\$	\$
Marketing	\$	\$	\$
Equipment	\$	\$	\$
Remaining Operating Expenses	\$	\$	\$
Total Cash Expenses	\$	\$	\$

FINANCIAL STATEMENT - FOR THE MOST RECENTLY COMPLETED FISCAL YEAR

FOR FISCAL YEAR BEGINNING: _____ ENDING: _____

CASH REVENUES (EXCLUDING BUILDING/CAPITAL FUNDS)		AMOUNT
ADMISSIONS/SUBSCRIPTIONS		\$
CONTRACTED SERVICES		\$
OTHER EARNED INCOME (E.G. INTEREST, ADVERTISING SALES, SPONSORSHIPS)		\$
CORPORATE CONTRIBUTIONS		\$
FOUNDATION GRANTS		\$
OTHER PRIVATE CONTRIBUTIONS		\$
GOVERNMENT GRANTS	FEDERAL	\$
	STATE/REGIONAL	\$
	LOCAL	\$
OTHER REVENUE		\$
TOTAL CASH REVENUES		\$
CASH EXPENSES (EXCLUDING BUILDING FUND)		
PERSONNEL – ORGANIZATION	ADMINISTRATIVE	\$
	ARTISTIC	\$
	SUPPORT	\$
OUTSIDE PROFESSIONAL SERVICES	ARTISTIC	\$
	OTHER	\$
SPACE RENTAL		\$
TRAVEL		\$
MARKETING		\$
EQUIPMENT		\$
REMAINING OPERATING EXPENSES		\$
TOTAL CASH EXPENSES		\$
TOTAL VALUE OF IN-KIND SERVICES		\$
OPERATING FUND BALANCE (BEGINNING OF FISCAL YEAR)		\$
OPERATING FUND BALANCE (END OF FISCAL YEAR)		\$

Any Contractor receiving more than Twenty-five Thousand Dollars (\$25,000.00) in grant funding in any one COUNTY fiscal year must submit audited and certified financial statements prepared in accordance with Generally Accepted Accounting Principles and audited by an independent Certified Public Accountant.

12. 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 or individual artist's grant activity are preferred.

- _____ Copies of programs and other promotional materials showing the Broward County funding statement and logo.

CERTIFICATION: It is certified that the information provided is true and correct, and grant expenditures were incurred 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:

Please return completed reports to: Terrie Ford, Cultural Division, 100 S Andrews Avenue, 6 Fl, Fort Lauderdale, FL 33301

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Collaborator _____ Organization/Grantee _____

This page must be copied and distributed to each member of the project team (artists, teachers, collaborators, administrators, project director, etc.).

1. What were your responsibilities?

2. What were the project's strengths?

3. What were the project's weaknesses?

4. Please describe the meetings that occurred to plan, implement, and evaluate the project. Who attended them? Were they productive? Why or why not?

5. What changes would you recommend if this project were to happen again?

6. Please describe the contributions made by each member of the project team? Did each member contribute as expected? Please elaborate.

7. What suggestions do you have to improve the program including the role of the Cultural Division's staff in the project?

8. Please provide any additional comments that you wish to make on the back of this form or attach a page.

Contracted Instructor _____ Date _____

Please return completed reports to: Patricia Zeiler, Cultural Division, 100 S Andrews Avenue, 6 Fl, Fort Lauderdale, FL 33301