



City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139, www.miamibeachfl.gov

Final Report Form for Fiscal Year 2019/2020 Cultural Presenters Grant Program (Not for use with Cultural Anchor Grants)

Final reports must be filed no later than **October 16, 2020** for the applicant to receive the second half of the grant award by December 31, 2020. Additionally, once the final report has been reviewed, grant recipients must submit any additional required documentation by the deadline provided by the Grant Administrator or the grant recipient will be non-compliant and ineligible to receive remaining grant funds, as well as ineligible to receive next year's grant funds if awarded.

1. Contact Information

Organization Name:		
Mailing Address:		
Project Title:		
City:	State:	Zip:
Grant Contact Name:		
Executive Director:		
Phone:	Other Phone:	Fax:
Website:	Contact Email Address:	
FEI #: -	Executive Director Email Address:	

2. Grant Project Details – Please summarize your project in Miami Beach during the 2019/2020 season. Use/attach additional pages, if necessary.

Project Title	Date of performance/event	Venue/ Location	Name of all Artists	Number of performers/artists	Ticket prices	Attendance

3. Grant Project Changes - Please list specific changes, if any, to your grant project as originally detailed in your City of Miami Beach grant contract.

4. COVID-19 – Was your grant funded programming affected by COVID-19? If so, briefly describe your organization’s ability to reschedule or continue with proposed programming/make programming virtually accessible.

5. Program Evaluation – Please evaluate the success of your project. Identify your evaluation methods and attach an example of your evaluation tool(s)/completed surveys by audience members.

5. Total Project Budget - Final

Round off all numbers to the nearest dollar.

EXPENSES

	CASH	IN-KIND
Personnel – artistic	_____	_____
Personnel – technical	_____	_____
Personnel – administration	_____	_____
Outside artistic fees/services	_____	_____
Outside other fees/services	_____	_____

Marketing/Publicity _____

Space rental _____

Utilities _____

Equipment rental _____

Office supplies _____

Insurance/Security _____

Other Costs: (Itemize below)

Total cash expenses _____

Total in-kind expenses _____

Total project expenses

(must equal or exceed

Grant award plus 1:1 match) _____

REVENUES

	CASH	IN-KIND
Admissions	_____	_____
Corporate Support	_____	_____
Foundation Support	_____	_____
Individual Support	_____	_____

City of Miami Beach

Grant (must not

Exceed 50% of the

total grant revenues) _____

Other Government Grants

1. Federal _____

2. State _____

3. County _____

Other Contributions: (Itemize below)

Total cash revenues _____

Total in-kind revenues

(may not exceed 25% of
the Total Project Budget) _____

Total project revenues

(must equal or exceed

Grant award plus 1:1 match) _____

6. Grant Award Budget - Final

Specifically identify and itemize all expenses paid for with your City of Miami Beach grant funds. Grant funds may only be spent within Grant Award Budget categories outlined in original Grant Contract. Line item changes to said Grant Budget shall not exceed ten percent (10%) per category without Cultural Arts Council approval, and so long as said expenditures do not exceed the total amount of Grant funds.

Grant Expenses

Personnel – artistic	_____	Equipment Rental	_____
Personnel – technical	_____	Other Costs (Itemize Below)	_____
Outside artistic fees	_____	_____	_____
Marketing/Publicity	_____	_____	_____
Printing	_____	_____	_____
Postage	_____	_____	_____

TOTAL (must equal grant award): _____

Grant Requirements

- Grant funds must be spent within the budget categories agreed upon in Grant Contract.
- Payments made in conjunction with this Grant award must be dated within the Fiscal Year (Oct. 1, 2019 through Sept. 30, 2020) or clearly state in invoices/contracts that payments are for services rendered within the Fiscal Year.
- All publications associated with City of Miami Beach cultural grant support must include the City of Miami Beach logo and/or the following byline: *“City of Miami Beach, Cultural Affairs Program, Cultural Arts Council.”*

Required supporting materials

- **Complete FY19/20 Final Report Checklist for Cultural Presenters and submit all required information.**
- **For the Checklist’s Tab 3: Label all copies of receipts (or contracts/invoices) with their associated proofs of payment, as well as submit these copies in the order as they appear in the Checklist.**

Grant Use Restrictions (grant funds may not be used towards)

- Projects that are primarily recreational, political, therapeutic, vocational, rehabilitative, or intended solely for practitioners of a specific religion.
- Remuneration of City of Miami Beach employees for any services rendered as part of a project receiving a grant from Cultural Affairs grants programs
- Administrative salaries or fees
- "Bricks and mortar" or permanent equipment; unless the purchase price is less than the cost of rental.
- City of Miami Beach services (permit fees, off-duty police, insurance, etc.)
- Debt reduction
- Contests
- Indirect or general operating costs related to the operation of the organization
- Travel or transportation
- Social/Fundraising events, beauty pageants, or sporting events
- Hospitality costs including decorations or affiliate personnel with the exception of artists
- Cash prizes
- Lobbying or propaganda materials
- Charitable contributions
- Events not open to the public; unless the event serves to specifically benefit City of Miami Beach government

7. Signature and Certification Page

I, _____, do hereby certify that the information contained in this final report including budget and grant award expenditures, cancelled check copies, invoices, receipts, program materials, marketing and advertising demonstrating use of logo and tag line is accurate and true, to the best of my knowledge.

Name (Please Print) _____

Signature _____ Date _____

Title _____

Subscribed and Sworn to (or affirmed) before me on _____
(Date)

by _____ . He/She personally known
to me or has presented _____ as identification. (Form of Identification)

(Signature of Notary)

(Serial Number)

(State)

Notary Seal/Stamp:

Note: Please remember that all required supporting materials noted on page 4 must be attached behind this page.

