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**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 programing 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 REVENUES**

**CASH IN-KIND CASH IN-KIND**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personnel – artistic \_\_\_\_\_  Personnel – technical \_\_\_\_\_  Personnel – administration \_\_\_\_\_  Outside artistic fees/services \_\_\_\_\_ Outside other fees/services | |  | Admissions Corporate Support Foundation Support Individual Support |  |  |  |  | |  |
|  |  |  |  |  | |  |
|  |  |  |  |  | |  |
|  |  |  |  |  | |  |
|  |  |  |  |  | |  |
|  |  | | City of Miami Beach Grant (must not Exceed 50% of the total grant revenues) |  |  |  |  |  | |
| Marketing/Publicity |  |  |  |  | |  |
| Other Government Grants  1. Federal |  |  |  |  | |  |

3. County 3. County

Utilities 3. County

Equipment rental   
Office supplies   
Insurance/Security

Space rental   2. State

Other Costs: (Itemize below) Other Contributions: (Itemize below)

Total cash expenses   
Total in-kind expenses

**Total project expenses   
(must equal or exceed**

**Grant award plus 1:1 match)**

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.