

NEIGHBORHOOD VOICES for FESTIVALS

FY 2021-2022

FINAL EVALUATION

For arts and cultural activities funded by the City of Oakland, Cultural Funding Program during Fiscal Year 2021-2022

DUE AUGUST 30, 2022

INSTRUCTIONS: Review and complete this form, submitting the Evaluation Narrative and Attachments as required. It may be helpful to have a copy of your completed Grant Package available for reference. **Digital signature is acceptable on page 5.**

Organization/Applicant Name: _____

Street Address: _____

City, State Zip: _____

Contact Person: _____ Title: _____

Phone: () - _____

Email: _____ Website: _____

Financial Summary

	FY 21-22
Total Organizational Income – CASH ONLY	\$
Total Organizational Expenses – CASH ONLY	\$
Total FESTIVAL Income – CASH ONLY	\$
Total FESTIVAL Expenses – CASH ONLY	\$
Total In-Kind Support	\$

Support from the City of Oakland

	FY 21-22
Cultural Funding Program – Total Awards	\$
Other (e.g. Emergency/Special awards by City Council, OFCY, etc.):	\$

Deficit / Loan Information (if applicable)

	FY 21-22
Accumulated Deficit (attach progress report on Deficit Retirement Plan)	\$
Total Loans Outstanding	\$
Loan Status:	

Summary of Events/Activities Funded by This Grant

Total number of City-funded events/activities	#
Total number of City-funded events/activities that were FREE to the public	#
Number of participants directly engaged in creative expression and/or direct learning through these events/activities – <i>if estimating, please be conservative</i>	#
Number of participants exposed to your artistic medium(s) through these events/activities – <i>if estimating, please be conservative</i>	#
Estimated percentage of all attendees/participants who were Oakland residents	%
Number of paid FESTIVAL artists who were <u>Oakland based</u>	#
Number of paid FESTIVAL artists who were <u>Non-Oakland based</u>	#
Number of volunteer FESTIVAL artists who were Oakland based	#
Number of volunteer FESTIVAL artists who were Non-Oakland based	#

List each **City-funded** event/activity (*attach a separate sheet if necessary*):
Event/Activity Name, Date, Facility Name/Address, and *Council District if known*

I. FY 21-22 INCOME

A. Contributed		TOTAL Funds
1	FY 21-22 CFP NEIGHBORHOOD VOICES for FESTIVALS AWARD	\$
2	Federal Government (NEA, NEH)	\$
3	State Government (CAC)	\$
4	Local/Municipal Government (EXCLUDING THIS AWARD)	\$
5	Individual Contributions (self & others)	\$
6	Business/Corporate Contributions	\$
7	Foundations	\$
8	Memberships	\$
9	Fundraising Income (gross)	\$
10	Other (specify):	\$
11	Other (specify):	\$
12	SUBTOTAL:	\$
B. Earned		TOTAL Funds
13	Admissions/Ticket Sales	\$
14	Tuition/Workshops/Fees	\$
15	Product Sales/Concessions	\$
16	Other (specify):	\$
17	Other (specify):	\$
18	SUBTOTAL:	\$
19	TOTAL INCOME: (line 12 plus line 18)	\$

II. FY 21-22 EXPENSES

A. Personnel		Number of Persons	City Funds (indicate expenditure of award amount)	TOTAL Funds
20	Artistic		\$	\$
21	Administrative		\$	\$
22	Technical Production		\$	\$
23	Other (specify):		\$	\$
24	SUBTOTAL:		\$	\$
B. Project/Production Expenses			City Funds	TOTAL Funds
25	Facility Expenses/Space Rental		\$	\$
26	Outreach/Marketing		\$	\$
27	Production/Exhibition		\$	\$
28	Fundraising Expenses (gross)		\$	\$
29	Insurance or other expenses (specify)		\$	\$
30	SUBTOTAL:		\$	\$
31	TOTAL EXPENSES: (line 24 plus line 30)		\$	\$

III. SURPLUS (DEFICIT) AT YEAR END (line 19 minus line 31)

\$

Demographic Information

Organization Name: _____

The Cultural Funding Program is committed to the equitable distribution of arts funding to the diverse cultures of Oakland. Please complete the following chart by estimating or confirming the composition of your board, staff, and projected audiences or communities served.

	Board of Directors		Administrative & Artistic Personnel		Estimated Population(s) to be Served (Audience, Students, etc.)	
	Number	% of Total	Number	% of Total	Number	% of Total
African/African-American						
Asian/Asian-American						
Latinx/Hispanic						
European American						
Middle Eastern						
Native American						
Pacific Islander						
Other: _____						
TOTAL:		100%		100%		100%
Female						
Male						
Non-Binary						
Other: _____						
TOTAL:		100%		100%		100%
People with Disabilities						
LGBTQ+						
Youth (ages 0-18)						

Evaluation Narrative

Instructions:

Please address the following project/program related questions using no more than two (2) single sided pages, and a minimum of 11-point type (double spacing is not necessary). Please number your responses. Be sure to mark your narrative pages with your organization's name and "Evaluation Narrative" in the upper right corner.

1. Please summarize your organization's **festival** relative to the original goals and objectives outlined in your FY21-22 grant with the City of Oakland. Specifically address how your **festival** benefited the community.
2. If your **festival** was reduced in scope or changed in any significant way as outlined in your grant with the City of Oakland, please provide a detailed explanation.
3. Describe the marketing efforts you employed for your **festival**. Did the effort bring the response you desired? *Attach samples of publicity materials.*
4. What method(s) did you use to evaluate your **festival**? What did you learn from the results? *Attach evaluation tool if available/applicable.*
5. What comments or feedback do you have regarding the application process, **match requirements**, evaluation, and contracting process with the Cultural Funding Program?

Your final evaluation packet should include:

- This evaluation form, which includes: list of City-Funded events/activities (Name, Date, Facility Location, and Council District if known); and Demographic Information
- Evaluation Narrative
- Actuals (FY21-22 or CY21) Financial Statement, including: Income/Expense Sheet and Balance Sheet
- Marketing/Public Relations, and/or student recruitment sample material. *Please include sample material that shows credit to the City of Oakland Cultural Funding Program as required by grant*
- Evaluation Tool (if applicable)

Certification and Release: The undersigned, a principal officer of the organization or the contracted individual artist, hereby certifies that the information contained within this document is complete and correct to the best of his/her knowledge and that financial records, including substantiating documentation (e.g., payroll vouchers, invoices, bills, receipts, etc.) supporting the above expenditures and revenues, are maintained on file in the organization's offices should an independent audit be required. **If using a fiscal agent, name and signature of fiscal agent's officer are required below.**

PRINCIPAL OFFICER - ORIGINAL SIGNATURE ABOVE

NAME (Print or type)

() -

TITLE (Print or type)

TELEPHONE NUMBER (Include Area Code)

NAME AND TITLE OF PERSON COMPLETING THIS EVALUATION (Print or type)

Please email the Final Evaluation form and narrative by **August 30, 2022** or within 30 days following the completion.

Raquel Iglesias, Cultural Funding Program
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phone (510) 238-2212