

Organizational Assistance Grant

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

Organization Name: _____

Address: _____

City, State Zip: _____

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Website: _____

Financial Summary

	FY 21-22
Total Organizational Revenues – CASH ONLY (INCLUDE THIS AWARD)	\$
Total Organizational Expenses – CASH ONLY	\$
Total In-Kind Support	\$

Support from the City of Oakland

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

Deficit / Loan Information (if applicable)

	FY 21-22 or CY21 Actuals
Accumulated Deficit (Deficit Retirement Plan required if you are showing a deficit)	\$
Total Loans Outstanding	\$
Loan Status:	

Summary of Events/Activities Funded by This Grant

Total number of PROJECTED City-funded events/activities	#
Total number of ACTUAL City-funded events/activities canceled/postponed due to COVID-19	#
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>	#

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

FY 21-22/CY21 REVENUES

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

FY 21-22/CY21 EXPENSES

Personnel	Number of Persons	City Funds (indicate expenditure of award amount)	TOTAL Funds
21	Artistic	\$	\$
22	Administrative	\$	\$
23	Technical Production	\$	\$
24	Other (specify):	\$	\$
25	Other (specify):	\$	\$
26	SUBTOTAL:	\$	\$
Operating Expenses		City Funds	TOTAL Funds
27	Facility Expenses/Space Rental	\$	\$
28	Outreach/Marketing	\$	\$
29	Production/Exhibition	\$	\$
30	Travel	\$	\$
28	Fundraising Expenses (gross)	\$	\$
31	Insurance	\$	\$
32	SUBTOTAL:	\$	\$
33	TOTAL EXPENSES: (line 26 plus line 32)	\$	\$

SURPLUS (DEFICIT) AT YEAR END (line 20 minus line 33)

\$

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:

- *Address the following project/program related issues using no more than two (2) single sided pages, and a minimum of 11-point type (double spacing is not necessary). Please number each response. Be sure to mark your narrative pages with your organization's name and "Evaluation Narrative" in the upper right corner.*
 1. Summarize the overall goals that were part of your original request for this grant period. Tell us about your organization's operations and/or program(s) relative to the original goals and objectives outlined for your year-one, FY21-22 grant with the City of Oakland.
 2. Describe the marketing efforts you employed for your project/program. Did the effort bring the response you desired? *Attach samples of marketing materials.*
 3. What method(s) did you use to evaluate your project/program? What did you learn from the results? *Attach evaluation tool if available/applicable.*
 4. Add any comments or feedback you may have regarding the application process, evaluation, staffing, and contracting for 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
- Current (FY 21-22 or CY21) Financial Statement - including:
 - Income/Expense sheet *and* Balance Sheet
- Evaluation Narrative
- 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)
- Deficit Retirement Plan or Update (required if showing or projecting an organizational deficit on current financial report) *

Certification and Release

The undersigned, a principal officer of the organization 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.

PRINCIPAL OFFICER SIGNATURE

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
riglesias@oaklandca.gov
phone (510) 238-2212