

Business Consortium for Arts Support

Final Financial Report

Due: September 15, 2017

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fiscal Year Ending: \_\_\_\_\_

1. Final attendance for grant supported activity in previous Fiscal Year. Please do not include performances, workshops or exhibitions that occur outside of the South Hampton Roads area. (Chesapeake, Norfolk, Portsmouth, Virginia Beach, Suffolk, Isle of Wight, Franklin, and Southampton County constitute South Hampton Roads. Do not include Newport News, Hampton, Williamsburg or areas of the Eastern Shore or the Outer Banks of North Carolina.)

| Dates | Activity or Event | Location | In-School/Student Activity (Yes or No) | Total Attendance |
|-------|-------------------|----------|--|------------------|
|       |                   |          |  |                  |
|       |                   |          |  |                  |
|       |                   |          |  |                  |
|       |                   |          |  |                  |
|       |                   |          |  |                  |
|       |                   |          |  |                  |
|       |                   |          |  |                  |

Total: \_\_\_\_\_

2. Board of Directors Participation for your most recently ended fiscal year.

# of Board Members \_\_\_\_\_

% of Board Members contributing financially \_\_\_\_\_

Lowest Board Member Gift Amount \_\_\_\_\_

3. Financial Report for your organizations most recently ended fiscal year. Please see attached budget sheet.

4. Number of Employees that are paid:

Full time \_\_\_\_\_

Part time \_\_\_\_\_

(1099) Contract \_\_\_\_\_

I certify that, to the best of my knowledge, all information in this report is complete and accurate.

\_\_\_\_\_  
Name and Title of Authorized Official

\_\_\_\_\_  
Date

**BUSINESS CONSORTIUM FOR ARTS SUPPORT - Final Financial Report**

Please complete for last completed Fiscal Year.

Fiscal Year Ends \_\_\_\_\_

| <b>INCOME OF ORGANIZATION</b>                           | 20____ - ____<br>Final<br>Previous<br>Fiscal Year |
|---|---|
| <b>REVENUE/EARNED INCOME:</b>                           |   |
| Admissions  |   |
| Membership Fees   |   |
| Contractual Services                                    |   |
| Program Advertising                                     |   |
| Tuition, Class & Workshop                               |   |
| Investment/Interest                                     |   |
| Other (Itemize)   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| <b>TOTAL Revenue/Earned Income</b>                      |   |
| <b>CONTRIBUTIONS/OTHER INCOME:</b>                      |   |
| <b>(Please exclude Endowment or Reserve Fund Gifts)</b> |   |
| Corporate Contributions                                 |   |
| Foundation Grants                                       |   |
| Board of Trustees/Directors Contributions               |   |
| Individual/Private Contributions                        |   |
| Special Fundraising Events (Gross)                      |   |
| Government Grants:                                      | *****   |
| Federal Grants  |   |
| State/Regional Grants                                   |   |
| Local Grants  |   |
| Business Consortium Grant                               |   |
| Other (Itemize)   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| <b>Total Contributions/Other Income</b>                 |   |
|   |   |
| <b>TOTAL OPERATING INCOME:</b>                          |   |

| <b>EXPENSES OF ORGANIZATION</b>          | 20____ - ____<br>Final<br>Previous<br>Fiscal Year |
|--|---|
| <b>PERSONNEL:</b>                        |   |
| (Salaries, Wages, Benefits, etc.)        | *****   |
| Administrative Staff                     |   |
| Artistic Staff                           |   |
| Technical/Production Staff               |   |
| <b>DUES &amp; SUBSCRIPTIONS</b>          |   |
| <b>INSURANCE &amp; BONDING</b>           |   |
| <b>TELEPHONE</b>                         |   |
| <b>SPACE RENTAL</b>                      |   |
| <b>TRAVEL/LODGING/MEALS</b>              |   |
| <b>MARKETING, PROMOTION</b>              |   |
| <b>OUTSIDE PROFESSIONAL SERVICES:</b>    | *****   |
| Artistic                                 |   |
| Legal, Audit, etc.                       |   |
| Fundraising                              |   |
| Other                                    |   |
|  |   |
| <b>OTHER OPERATING EXPENSES</b>          |   |
| (Itemize)                                |   |
|  |   |
|  |   |
|  |   |
|  |   |
| <b>SPECIAL FUNDRAISING EVENTS</b>        |   |
| (Indicate type)                          |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| <b>TOTAL OPERATING EXPENSES:</b>         |   |
| <b>EXCESS (DEFICIT) INCOME OVER</b>      |   |
| <b>EXPENSES:**</b>                       |   |
| Cumulative Excess (Deficit)              |   |
| from prior year                          |   |
| <b>TOTAL Cumulative Excess (Deficit)</b> |   |

\*\* If operating with a deficit, briefly explain strategy for erasing the deficit on a separate page.