



## EXHIBIT A - EVENT EVENT EVALUATION REPORT

### I. APPLICANT INFORMATION

*Use this form only if you have more than one event for the grant year and are not considered year-long. Do not use this form to request drawdowns from your grant. Instead complete Exhibit A-DDR to request drawdowns from your grant, along with Exhibit B.*

Name of Organization \_\_\_\_\_

Event Title \_\_\_\_\_

Event Date(s) \_\_\_\_\_

Evaluation Submitted by \_\_\_\_\_

Telephone # \_\_\_\_\_

### II. EVENT INFORMATION

*Use additional page if necessary.*

A. List each event exactly as submitted on your grant application with title, date(s) of event, and brief description.

B. List each event held, with title, date(s) of event, and brief description. Please explain any differences from what was submitted on the grant application.

Number of persons participating in event:

A. Artists who reside in Bell County	_____	_____
B. Artists who reside outside of Bell County	_____	_____
C. Volunteers	_____	_____
D. Audience members who reside in Bell County	_____	_____
E. Audience members who reside outside of Bell County	_____	_____
F. Out-of-State	_____	_____
<b>PARTICIPATION TOTAL</b>	_____	_____

Method used to determine out-of-town and out-of-state audience:

Number of rooms at host hotel/motel \_\_\_\_\_

Number of years program in existence \_\_\_\_\_

Number of years program funded by Killeen Arts \_\_\_\_\_

### III. FINANCIAL INFORMATION

*Round to the nearest whole dollar.*

REVENUES	Actuals	Approved Grant Budget	Change <i>(Explain on page 3)</i>
<b>EARNED</b>			
Admissions charges	_____	_____	-
Registration fees	_____	_____	-
Event fundraising	_____	_____	-
Concessions, parking, publications, advertisers	_____	_____	-
Other earned income (Specify):	_____	_____	-
<b>UNEARNED</b>			
Killeen Arts Commission Grant	_____	_____	-
Texas Commission on the Arts Grant	_____	_____	-
Contributions and donations	_____	_____	-
Membership fees	_____	_____	-
Other unearned income (Specify):	_____	_____	-
<b>TOTAL REVENUES</b>	_____	_____	_____

Explanation of Other Earned & Unearned Revenues:

EXPENSES	Actuals	Approved Grant Budget	Change <i>(Explain on page 3)</i>
<b>REIMBURSABLE EXPENSES</b>			
All paid personnel (Staff)	_____	_____	_____
Outside professional services	_____	_____	_____
Space rental	_____	_____	_____
Equipment rental	_____	_____	_____
Supplies and materials	_____	_____	_____
Costumes	_____	_____	_____
Exhibition rental fee/royalty	_____	_____	_____
Insurance	_____	_____	_____
Promotion, media, printing, and postage	_____	_____	_____
Other (Specify)	_____	_____	_____
<b>TOTAL REIMBURSABLE EXPENSES</b>	_____	_____	_____

Explanation of Other Expenses:

<b>GRANT AWARD</b>	
<b>REQUIRED CASH MATCH</b>	
<b>TOTAL REQUIRED REIMBURSABLE EXPENSES</b>	
<b>TOTAL REIMBURSABLE EXPENSES</b>	

\* If total reimbursable expenses is greater than or equal to the total **required** reimbursable expenses then you have met your cash match.

**EXPLANATIONS OF CHANGES IN BUDGET & ACTUAL**

Describe any changes between the Grant Budget as approved from the Grant Application or Adjusted Event Budget (whichever was approved most recently) and Actuals.

[Empty box for providing explanations of budget changes]

## IV. ASSURANCES

### SUBMIT THIS FORM WITHIN 45 DAYS OF THE COMPLETION OF EACH SPECIFIC EVENT

Include necessary Exhibit B's with supporting documentation, samples of newspaper articles, printed programs, and other promotional materials relating to the event. See Rules & Regulations on guidelines for these submissions. The Killeen Arts Commission, City Staff, or its authorized representative may call for a complete breakdown of actual event expenditures, cash resources, and shall have access to the financial records of each event.

NOTE: If you have more than one event and this is your last event, you must also submit your Final Evaluation Report for all events combined as soon as practicable after the completion of your final event, but no later than September 30 of the current grant year, or within 45 days after the completion of your final event, whichever is later. Your Final Evaluation Report

1. I certify that the information contained in this document is true and correct to the best of my knowledge and that I am authorized to submit this document on behalf of the organization herein described for the purpose of receiving a Grant for the Arts from the City of Killeen, Texas.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed or Typed Name

\_\_\_\_\_  
Printed or Typed Title

\_\_\_\_\_  
Date

**EXHIBIT B - EXPENSE SUMMARY**

*In-kind expenses must be excluded.*

To help us expedite payment, list your expenses by category number to match the categories on Exhibit A/Exhibit A-DDR. Write the item number on each receipt which corresponds to the item number on this form, then **tape** the receipts on a separate piece of paper. Please round to the nearest whole dollar. Make as many copies of this form as necessary. **PLEASE DO NOT USE STAPLES.**

**CATEGORY #1 - ALL PAID PERSONNEL (STAFF)**

<b>Item #</b>	<b>Date</b>	<b>Description/Purpose</b>	<b>Amount</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
<b>CATEGORY TOTAL</b>			<b>\$</b>

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**CATEGORY #2 - OUTSIDE PROFESSIONAL SERVICES**

<b>Item #</b>	<b>Date</b>	<b>Description/Purpose</b>	<b>Amount</b>
1			
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9			
10			
11			
12			
<b>CATEGORY TOTAL</b>			<b>\$</b>

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**CATEGORY #3 - SPACE RENTAL**

<b>Item #</b>	<b>Date</b>	<b>Description/Purpose</b>	<b>Amount</b>
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11			
12			
<b>CATEGORY TOTAL</b>			<b>\$</b>

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**CATEGORY #4 - EQUIPMENT RENTAL**

<b>Item #</b>	<b>Date</b>	<b>Description/Purpose</b>	<b>Amount</b>
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11			
12			
<b>CATEGORY TOTAL</b>			<b>\$</b>

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**CATEGORY #5 - SUPPLIES AND MATERIALS**

<b>Item #</b>	<b>Date</b>	<b>Description/Purpose</b>	<b>Amount</b>
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11			
12			
<b>CATEGORY TOTAL</b>			<b>\$</b>

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**CATEGORY #6 - COSTUMES**

<b>Item #</b>	<b>Date</b>	<b>Description/Purpose</b>	<b>Amount</b>
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11			
12			
<b>CATEGORY TOTAL</b>			<b>\$</b>

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**CATEGORY #7 - EXHIBITION RENTAL FEE / ROYALTY**

<b>Item #</b>	<b>Date</b>	<b>Description/Purpose</b>	<b>Amount</b>
1			
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12			
<b>CATEGORY TOTAL</b>			<b>\$</b>

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**CATEGORY #8 - INSURANCE**

<b>Item #</b>	<b>Date</b>	<b>Description/Purpose</b>	<b>Amount</b>
1			
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12			
<b>CATEGORY TOTAL</b>			<b>\$</b>

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**CATEGORY #9 - PROMOTION, PRINTING AND POSTAGE**

<b>Item #</b>	<b>Date</b>	<b>Description/Purpose</b>	<b>Amount</b>
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12			
<b>CATEGORY TOTAL</b>			<b>\$</b>

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**CATEGORY #10 - OTHER (SPECIFY)**

<b>Item #</b>	<b>Date</b>	<b>Description/Purpose</b>	<b>Amount</b>
1			
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**CATEGORY TOTAL**     \$ \_\_\_\_\_