

Business Consortium for Arts Support

Final Financial Report

Due: September 16, 2011

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.

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____ - ____ Final Previous 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____ - ____ Final Previous 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.