



NEW ENGLAND FOUNDATION FOR THE ARTS

New England Foundation for the Arts
145 Tremont Street, 7th Floor Boston, MA 02111
t 617.951.0010 f 617.951.0016
www.nefa.org | ndp@nefa.org

This is an interactive PDF file. You can type directly into this form by clicking onto a field, but the form cannot be saved, so make sure to print immediately after entering data.

NDP Contemporary Art Centers Development Evaluation

- Forms must be typed or printed
Please keep a copy of all grant documents and forms for your records
Please include this signed cover sheet with the following forms:

- Evaluation form, completed and signed
Answers to Evaluation Narrative questions
Please include an artist biography of no more than 1,000 characters
Copies of program and publicity materials showing the required crediting (Please highlight or flag)
DVD of completed work for NEFA archives
IRS W-9 form (go to www.irs.gov for current version)
(Optional): NEFA highlights grantees in both print and online, and requests images of the final project or performance. You may include a CD or email to ndp@nefa.org.

I hereby certify that all of the facts, figures and representations made here are true and correct to the best of my knowledge and belief. (All documentation must be submitted prior to the payment of this grant)

Signature Date

Name and Title (please print) Date

Organization

Application Number

Grant Program Name

Table with 2 columns and 2 rows. Header: For Office Use Only. Row 1: DRE, [blank]. Row 2: [blank], [blank].



New England Foundation for the Arts NDP/CAC Development Evaluation

1. General Information

a. Legal Name of **Presenting Organization**: _____
Contact Person: Last Name: _____ First Name: _____
Title: _____ Telephone: _____
Email: _____ Website: _____
Address: _____
City: _____ State: _____ Zip + 4: _____

b. Legal Name of **Artist/Group**: _____
Performing Name of Artist/Group (if different): _____
Contact Person: Last Name: _____ First Name: _____
Title: _____ Telephone: _____
Email: _____ Website: _____
Address: _____
City: _____ State: _____ Zip + 4: _____

c. Name of **Artist Collaborator** _____
Contact Person: Last Name: _____ First Name: _____
Title: _____ Telephone: _____
Email: _____ Website: _____
Address: _____
City: _____ State: _____ Zip + 4: _____

d. Name of **Artist Representative** or _____
Grant Recipient (if different from artist): _____
Contact Person: Last Name: _____ First Name: _____
Title: _____ Telephone: _____
Email: _____ Website: _____
Address: _____
City: _____ State: _____ Zip + 4: _____



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2. Project Summary

a. Project Title: _____

b. Estimated number of DAYS spent on project: _____

c. Total number of artists, named above in item 1.a, directly involved in providing artistic services for this project: _____

d. Number of activities by artist during creation/production process in 1.a (Enter all that apply):

# _____ Panel	# _____ Q&A	# _____ Podcast/Blog
# _____ Reception	# _____ Rehearsal	# _____ Training
# _____ TV/radio interview	# _____ Work in progress showing	# _____ Workshop
# _____ Commission	# _____ Lecture-demonstration	# _____ Performances

e. Community members participating in artist-led activities during production period as noted in 2.d. (workshops, etc.)

Adults #: _____ Youth (18/under) #: _____ Older Adults (65/older) #: _____ **Overall Total #:** _____

f. Demographics of community member participants of artist-led activities (Please give estimate percentages of the whole audience - for information purposes only):

_____ N - Native American/Alaskan Native	_____ H - Hispanic	_____ 99 - No single group
_____ A - Asian	_____ W - White, not Hispanic	
_____ B - African American/Black, not Hispanic	_____ P- Pacific Islander/Native Hawaiian	

How was this information collected?

g. Arts education: Did this project include an organized and systematic educational effort with the primary goal of increasing an identified learner's knowledge of and/or skills in the arts with measurable outcomes? (CHOOSE ONE)

01 50% of more of project's activities are arts education directed to:

K-12 students Higher education students Pre-kindergarten Adult learners

02 Less than 50% of project's activities are arts education directed to:

K-12 students Higher education students Pre-kindergarten Adult learners

99 None of this project involves arts education



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3. Demographic Information

The following information will be used as part of a data collection process which documents state and regional arts agency grant-making activities nationwide, in compliance with a mandate from the National Assembly of State Arts Agencies. This information will be used to determine national trends in grantmaking and will not be considered during the grantmaking process. Use the letter/number codes from the following list when responding to the next two questions:

- | | |
|--|--------------------------------------|
| N - Native American/Alaskan Native | H - Hispanic |
| A - Asian | W - White, not Hispanic |
| B - African American/Black, not Hispanic | P - Pacific Islander/Native Hawaiian |
| | 99 - No single group |

- a. Please indicate the predominant racial characteristic of your organization. If at least half of your organization's staff OR at least half of your board of directors OR at least half of your members belong to one of the listed racial groups, then your organization is to be classified as that race. If none of these conditions apply, please classify your organization as "99-No single group."

Race Classification: _____

- b. Please indicate if this project for which you received funding clearly emphasizes the culture or traditions of any one race. When responding to this question, use the following as guidelines: A project can be considered "clearly reflective of a culture or tradition" if it is: (a) a project in which the intent is to communicate the culture or traditions of a particular race, and/or (b) a project which is usually understood to be reflective of the culture or traditions of a particular race. If your project does not emphasize the culture or traditions of a single race, code it as "99-No single group."

Race Classification: _____

- c. Did this project include any international activity?

(Defined as: a. someone from your organization visiting another country; b. foreign artists visiting your state/organization; c. any component of cultural exchange; AND/OR d. linkages with artists or institutions in other countries.)

Please check one: Yes No



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4. Project Budget Round to the nearest dollar; prorate for this project. Do not include costs associated with Premiere Performance.

NOTE: Line 22 must be greater than or equal to Line 13.

a. Estimated Cash Expenses (include both cash expenses and expenses covered through in-kind donation)	
1. Artistic/Design Fees (include fees for choreographers and artistic collaborators)	
2. Rehearsal Fees (include associated with space, dancers, equipment required for rehearsal)	
3. Travel	
4. Per Diem (lodging and meals)	
5. Costumes	
6. Music	
7. Sets	
8. Promotional Materials	
9. Administration	
Please Explain what is included in administration expenses:	
10. Documentation	
11. Rights/Permissions	
12. Other Expenses	
Please Explain:	
13. TOTAL CASH EXPENSES (Add Lines 1-12.)	
b. Cash Revenue	
14. Corporate Contributions	
15. Foundation Grants	
16. Other Private Contributions	
17. Government Grants	
Federal	
State/Regional	
Local	
18. Commissioning/Presenter Contributions	
19. Other Revenue	
c. In-Kind Contributions (cash value of all items and services <i>donated</i> to this project)	
Please explain what is covered through in-kind contributions:	
20. SUBTOTAL APPLICANT REVENUE	
21. TOTAL NEFA Grant Award (separate company & presenter partner allocations, if applicable)	
22. TOTAL REVENUE (Add Lines 20-21; total must be greater than or equal to Line 13.)	
Percentage of revenue confirmed	



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5. Evaluation Narrative Questions - Please attach up to three additional pages.

1. **If you have not enclosed the required items listed on the Checklist on Page 1, please provide an explanation.**
2. Describe the project activity; include what worked well, any challenges, and any surprises. Please note ways in which the final project differed from the original proposal.
3. What community connections/networking/partnerships developed from this project? Please include specific feedback you received from the community/ies (i.e. stories, anecdotes)
4. Please describe any documentation and educational activities for this project.
5. What other private or public funds have been raised to specifically support this project? Please list donors and funding amounts.
6. Please list specifics of any media coverage generated about this project.
7. In an effort to improve the administration of this grant and our service to you, we encourage your comments and suggestions regarding NEFA and our grant process.
8. Would you like to receive information about NEFA programs and services? The email you provide will be added to the mailing list for the program(s) you choose below.

<input type="checkbox"/> Creative Economy	<input type="checkbox"/> New England Presenting & Touring
<input type="checkbox"/> CultureCount	(Expeditions, Meet the Composer/New
<input type="checkbox"/> MatchBook.org	England, NEST, Presenter Travel Fund)
<input type="checkbox"/> National Dance Project	<input type="checkbox"/> Public Art (Fund for the Arts; Public Art
<input type="checkbox"/> Native Arts at NEFA (National Native Artist Exchange; Native Arts New England)	Connections)

6. Artist Biography - Please include an artist biography of no more than 1,000 characters.