



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 Presentation Evaluation

- Refer to the Instructions
Forms must be typed and not stapled
Keep a copy of all grant documents and forms for your records
Include this signed cover sheet and send it to the above address with the following forms:

- Evaluation form, completed, signed, and dated
Answers to Evaluation Narrative questions
Copies of program and publicity materials showing the required crediting (Please highlight or flag)
Signed Receipt Form
Contract, signed and dated by both the artist and your organization
IRS W-9 Form (irs.gov for current version)
(Optional): NEFA highlights grant recipients in both print and online, and requests images of the final project or performance. You may include a CD or email photos 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)

Organization

Application Number

Table with 2 columns and 2 rows for office use only, containing 'For Office Use Only:' and 'DRE'.



New England Foundation for the Arts NDP/CAC Presentation Evaluation

1. General Information

a. Legal Name of **Presenting Organization**: _____
(Not applicable for production grants) AKA: _____

Contact Person: Last Name: _____ First Name: _____
Title: _____ Telephone: _____

Email: _____ Website: _____

Address of Organization: _____

City: _____ State: _____ Zip + 4: _____

b. Legal Name of **Payee** (if different): _____

Contact Person: Last Name: _____ First Name: _____

Title: _____ Telephone: _____

Email: _____ Website: _____

Address of Organization: _____

City: _____ State: _____ Zip + 4: _____

c. 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: _____

d. Name of **Artist Representative** (if applicable): _____

Contact Person: Last Name: _____ First Name: _____

Title: _____ Telephone: _____

Email: _____ Website: _____

Address: _____

City: _____ State: _____ Zip + 4: _____



New England Foundation for the Arts NDP/CAC Presentation Evaluation

2. Project Summary

a. Project Title: _____
Choreographer Name: _____

b. Beginning and ending dates of artist engagement: Beg: _____ End: _____

c. Were tickets sold to the performance(s)? Y N
If yes, how many were sold? _____ At what price(s)? _____

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

e. Number of activities by artist in 1.c.

(Enter all that apply. Please discuss these activities and additional items in Narrative Section 5.):

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

f. Audience participating in artist led activities noted in 2.e. (concerts, workshops, etc.)

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

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% or 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 _____



New England Foundation for the Arts NDP/CAC Presentation Evaluation

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

d. Race classification of audience (Please give estimate percentages of the whole audience - for NEFA information purposes only):

- | | |
|--|--|
| _____ N - Native American/Alaskan Native | _____ H - Hispanic |
| _____ A - Asian | _____ W - White, not Hispanic |
| _____ B - African American/Black, not Hispanic | _____ P - Pacific Islander/Native Hawaiian |
| | _____ O - Other racial classification |

How was this audience data collected?



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4. Touring Project Budget Round to the nearest dollar; prorate for this project. Do not combine figures for series/festival events.
NOTE: Line 15 must be greater than or equal to Line 5.

a. Actual Expenses (include both cash expenses and expenses covered through in-kind donation)	
Artist Fee (From Contract with artist)	
Artist Expense - Per diem	
Artist Expense - Accommodations	
Artist Expense - Travel	
1. Total Artistic Fees for group/artist listed on page 1 in item 1.c (Sum four lines above)	
Is this amount different from the original application amount? If so, please explain in Narrative Section 5 Q2	
2. Other Project Expenses (may include equipment rental, etc...)	
3. Space Rental	
4. Marketing/Publicity	
5. TOTAL CASH EXPENSES (Add lines 1-4)	
b. Actual Revenue	
6. Admissions	
7. Corporate Contributions	
8. Foundations Grants	
9. Other Private Contributions	
10. Government Grants	
Federal	
State/Regional	
Local	
11. Other Revenue	
12. Applicant Cash/Contribution	
13. TOTAL APPLICANT REVENUE	
c. Actual In-Kind Contributions (cash value of all items and services donated to this project)	
14. TOTAL NEFA Grant Award	
15. TOTAL REVENUE (Add lines 13+14. Total must be greater than or equal to Line 5.)	



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5. Evaluation Narrative - Please provide brief responses on up to 2 additional pages and attach to your evaluation.

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. Describe the audience response and/or interaction with the project. Please include specific feedback you received from the community/ies. (i.e. stories, anecdotes)
4. What community connections/networking/partnerships developed from this project?
5. Please describe working with this artist including effectiveness of the booking agent/tour coordinator, quality and availability of promotional materials and ease of production logistics.
6. Do you have a plan to increase dance programming at your venue? What are the challenges or resources needed to fulfill that plan?
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 (Expeditions, Meet the Composer/New England, NEST, Presenter Travel Fund)
<input type="checkbox"/> CultureCount	
<input type="checkbox"/> MatchBook.org	<input type="checkbox"/> Public Art (Fund for the Arts; Public Art Connections)
<input type="checkbox"/> National Dance Project	
<input type="checkbox"/> Native Arts (National Native Artist Exchange; Native Arts New England)	



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Receipt Form

NOTE: Submitted form must include signatures from both the artist (or representative) and the presenter.

NEFA Application Number: FY ____ - ____

1. THIS SECTION TO BE COMPLETED BY THE ARTIST OR A REPRESENTATIVE OF THE ARTISTIC GROUP

This is to verify that I have received \$ _____ Cash*

This is to verify that I have received services equal to \$ _____ Housing*

This is to verify that I have received services equal to \$ _____ Travel*

From: _____
(Legal name of presenter)

For artistic services rendered on _____
(Dates of performances/presentation)

PERFORMING GROUP/ARTIST: _____

SIGNATURE OF ARTIST OR REPRESENTATIVE: _____

NAME: _____

DATE OF PAYMENT: _____
(Please print)

2. THIS SECTION TO BE COMPLETED BY THE PRESENTER

This is to verify that all services described on the New England Foundation for the Arts (NEFA) presenter application form in connection with the artistic services of the above named performing group, composer or artist have taken place.

PRESENTER: _____

SIGNATURE OF REPRESENTATIVE: _____

NAME: _____

DATE OF PAYMENT: _____
(Please print)

* The combination of these amounts must match the total artistic fee as it appears on your NEFA application form, contract with the performing group, composer, or artist, and Evaluation form.

For office use only:
DRE _____