ExhibitsUSA

BookingNo:			
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FINAL EVALUATION REPORT

How did it go?

A. Project Information

Your feedback on this Final Evaluation Report will enable us to further improve our exhibitions and exhibition-related services, ensuring the success of organizations we serve. Your information is required for reporting to the National Endowment for the Arts. Please candidly answer the following questions and return a copy of your report, along with the marketing materials listed in Section C, within 30 days of the exhibition closing date to MoreArt@maaa.org or print and mail to: Mid-America Arts Alliance, Final Evaluation Report, 2018 Baltimore Avenue, Kansas City, MO 64108.

,		
Exhibition Title:		
Exhibition Opening and Closing Dates:		
Exhibition Attendance: Adult:*If you do not keep visitor counts, or do	Children: not distinguish children (age	
B. Contact Information		
Organization Name:		
Address:		DUNS Number:
		County Name:
City: Stat	e: Zip:	State Senate District No.:
		State House District No.:
Contact Person:		U.S. Congressional District No.:
Title:		
Telephone:		Number of full-time employees:
Email:		Number of part-time employees:
		Number of volunteers:

C. Publicity/Advertising

Please attach copies of any promotional or educational materials pertaining to the exhibition, including articles, advertisements, radio clips, exhibition reviews, invitations, and any other pieces your organization produced or that appeared in the media. Also, include any photographs, preferably high resolution (Preferably 300 DPI digital images) of the exhibition installed in your space, visitors interacting with the work, or the installation/de-installation process. Please email images to MoreArt@maaa.org, burn to a CD or DVD or mail copies along with your final evaluation report to Mid-America Arts Alliance.



FINAL EVALUATION REPORT

D. Programming/Exhibition Related Activities

Please describe each exhibition-related activity you held in conjunction with the exhibition, speaker or leader's name, and attendance records for both adults and children. If you do not have attendance records, please estimate. If you repeat an activity several times, please count each repetition as a separate activity.

Name of Program/Activity	Speaker/Leader	K-12 Attendance Acivity Adults Chi (check=yes)	e: ildren
Example: Lecture and Panel Discussion on WWII	: Beth Seldin Dotan, The Institute for Holocaust Education		
1	;;		
2	.		
3	.		
4	:		
5			
6	::		
7	;;		
8	;;		
9	:		
10	:::		
Please list name of any artists or humanities scho activity:	TOTAL ATT	TENDANCE	
1	Activity:		
2			_
3	Activity:		
4.	Activity:		

Please share any stories, insights, or observations from visitors or staff that show the impact of the exhibition and activities on visitors and the community.

FINAL EVALUATION REPORT

Did your institu	tion receive a \$	1,000 Ed	ucational	and Public	: Program	Grant?	O Yes	O No (If no	o, skip to S	ection E)
If yes, please ra	te the impact o	f the Edu	ıcational a	nd Public	Program	Grant on	your:			
	(No Impact)	>	>	>	>	>	>	> >	(H	igh Impact)
Institution:	O 1	O 2	O 3	O 4	O 5	O 6	O 7	0 8	O 9	O 10
Audience:	O 1	O 2	O 3	O 4	O 5	O 6	O 7	0 8	O 9	O 10
Community:	O 1	O 2	O 3	O 4	O 5	O 6	O 7	O 8	O 9	O 10

Please describe the strengths and challenges of the programming activity this grant supported.

E. Financial Information

In this section, please record actual expenses, cash allocation and income received or due to be received and in-kind donations incurred for this exhibition. Include a pro-rated share of staff time and administrative costs, as appropriate.

TOTAL CASH EXPENSES FOR EXHIBI	TION TOTAL CASH ALLOCATION AND INCOME FOR EXHIBITION
Rental Fee:	Grants:
Shipping Fee:	Donations:
Security:	Retail Sales:
Administrative Costs:	Programming Fees:
Opening Reception:	Operational Budget*:
Programming:	*This line should account for all expenses not covered by other income.
Activities/Speaker's Fees:	Other:
Other:	
Total:	\$*Total: \$* *The Total should be equal to or greater than Total Cash Expenses.
for receptions, etc. Volunteer servi valued at his or her professional ra	all non-cash services contributed to success of the exhibition, such as volunteer hours, donations ces can be shown as: Donated professional services (e.g. a lawyer donating legal advice) should be te. Services that are similar to those performed by a paid staff member(s) from your organization as the paid staff. All other services should be valued at the current federal minimum wage (even



F. Experience

	Please indicate which of the following goals best describes your institution's reasons for hosting this exhibit: To reach new audiences To form new community partnerships To leverage new funding sources To develop new opportunities for staff and professional development To create and implement new programming strategies Other:
2.	How did you learn about this traveling exhibition? (Please check all that apply): A colleague Conference (name:
3.	What were the strengths of the exhibition?
4.	What were the weaknesses of the exhibition?
5.	Which support materials were most/least helpful? (programming guide, narrative labels, installation instructions, packing instructions, press release, PSA, staff support)
6.	Overall, how well did the exhibition support materials meet your visitor's needs? Excellent Very Good Good Fair Poor Comments:
7.	In what ways could we improve our services to you?
8.	Would you host this type of exhibition in the future? Why or why not?



FINAL EVALUATION REPORT

G. Organization Profile1. Choose the one item which best	describes th	e organization's legal st	atus:		
01 Individual05 Government - State08 Government - Municipal		□ 02 Organization – Nonprofit□ 06 Government - Regional□ 09 Government - Tribal		☐ 04 Government – Federal☐ 07 Government - County☐ 99 None of the Above	
2. Choose the one item which best	describes th	e applicant:			
□ 01 Individual — Artist □ 04 Performing Group - College/Univ. □ 07 Performance Facility □ 10 Gallery/Exhibition Space □ 13 Literary Magazine □ 16 Arts Council/Agency □ 19 School District □ 22 Middle School □ 25 Other School □ 28 Historical Society □ 31 Corporation □ 34 Health Care Facility □ 37 Parks and Recreation □ 40 Government - Legislative (House) □ 43 Media - Daily Newspaper □ 46 Media — Television □ 49 Arts Camp/Institute □ 99 None of the Above		 □ 02 Individual - Non-artist □ 05 Performing Group – Community □ 08 Art Museum □ 11 Cinema □ 14 Fair/Festival □ 17 Arts Service Organization □ 20 Parent-Teacher Organization □ 23 Secondary School □ 26 College/University □ 29 Humanities Council □ 32 Community Service Organization □ 35 Religious Organization □ 38 Government - Executive □ 41 Government - Legislative (Senate) □ 44 Media - Weekly Newspaper □ 47 Cultural Series Organization □ 50 Social Service Organization 		□ 03 Performing Group □ 06 Performing Group — Youth □ 09 Other Museum □ 12 Independent Press □ 15 Arts Center □ 18 Union/Professional Assn. □ 21 Elementary School □ 24 Vocational/Technical School □ 27 Library □ 30 Foundation □ 33 Correctional Institution □ 36 Seniors' Center □ 39 Government - Judicial □ 42 Media - Periodical □ 45 Media - Radio □ 48 School of the Arts □ 51 Child Care Provider	
3. Choose the one item which best	describes th	e applicant's primary a	rea of work in the arts		
01 Dance05 Visual Arts09 Media Arts13 Humanities	□ 02 Music □ 06 Desig □ 10 Litera □ 14 Multi	n Arts ture	☐ 03 Opera/Music Th☐ 07 Crafts☐ 11 Interdisciplinary☐ 15 Non-arts/huma	,	□ 04 Theatre□ 08 Photography□ 12 Folklife/Traditional
4. Please estimate the predominant	t group of w	hich their staff or board	d or membership (not a	audience) is c	omposed:
☐ A: 50 percent or more Asian ☐ H: 50 percent or more Hispanic/I ☐ P: 50 percent or more Native Hav ☐ 99: No single gr	waiian/Pacif	ic Islander bove represents 50 per	☐ W: 50 percent or r	nore Americai nore White	n Indian/Alaska Native
5. For the next three questions, sele exhibiton's audience (check all that	_		estimate, made up 25	% or more of	the population of the
Population by Race/Ethnicity:					☐ Hispanic/Latino
Population by Age: ☐ Children/Yo☐ Oder Adults (65+ years) ☐ No					rs)
Population by Distinct Groups: Individuals with Limited English Inividuals in Institutions (include correctional facilities, and homeless Youth at Risk No single age	Proficiancy people livir s shelters)	☐ Millitary Veterans/ ng in hospitals, hospice	'Active Duty Personnel s, nursing homes, assis	-	ities,



H. Submission

Thank you for your feedback!

Please sign below and return one copy, complete with exhibition materials listed in Section C, within 30 days of the exhibition closing date. Send to MoreArt@maaa.org or print and mail to:

Mid-America Arts Alliance Final Evaluation Report 2018 Baltimore Avenue Kansas City, MO 64108

FOR ORGANIZATIONS IN MID-AMERICA ARTS ALLIANCE MEMBER STATES (AR, KS, MO, NE, OK, TX) please submit one copy to your state arts agency.

Arkansas Arts Council	Missouri Arts Council	Creative Arts Industries Commission	
1500 Tower Building	815 Olive St., Ste. 16	Kansas Department of Commerce	
323 Center Street	St. Louis, MO 63101	1000 SW Jackson St.	
Little Rock, AR 72201		Topeka, KS 66612	
Nebraska Arts Council	Oklahoma Arts Council	Texas Commission on the Arts	
1004 Farnam St.	PO Box 52001-2001	PO Box 13406	
Plaza Level	Oklahoma City, OK 73152	Austin, TX 78711	
Omaha, NE 68102			
	mation contained in the Final Report i ficial or Representative of Authorizing		
Signature			
Name (type or print)		Title	Date

For any questions, please contact Client Relations at MoreArt@maaa.org or (800) 473-EUSA (3872)

