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| **FLORIDA CULTURAL ALLIANCE AND ST. JOHNS CULTURAL COUNCIL**  **Florida Cultural Industry Hurricane Impact Assessment FY2016-2017**  c/o FLCA  P.O. Box 2131  West Palm Beach, FL  33402  Phone: (561) 848-6231  Email: [info@flca.net](mailto:info@flca.net)  **Send completed forms to:** Andrew Witt ([awitt@historiccoastculture.com](mailto:awitt@historiccoastculture.com)), Executive Director, St. Johns Cultural Council,  15 Old Mission Avenue, St. Augustine, FL 32084 (904) 808-7330 |

**FACILITIES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FACILITY / Organization Information | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Facility:** | | | | | | | | | | | | | | | | | | **County:** | | | | | | |
| **Facility Address:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **City:** | | | | **State:** FL | | | | | | **Zip:** | | | | | | | | **Website:** | | | | | | |
| **Applicant Organization Name *(exactly as it appears on Articles of Incorporation):*** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Organization Address:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **City:** | | | **State:** FL | | | | **Zip:** | | | | **Website:** | | | | | | | | | | | | | |
| **County:** | | | | | | | | | **FEI#:**    - | | | | | | | | | | **Year of Incorporation:** | | | | |
| Total Organizational Cash Budget for 2015-16: | | | | | | | |  | | | | | |  | | | | | | |  | | | |
|  | Under $100,000 | | | | $100,000-$500,000 | | | | | | | | | | | | More than$500,000 | | | | | | | |
| Organization (check one): | | Owns Facility | | | | Leases Facility - | | | | | | | Length of Lease:    Years with    Remaining | | | | | | | | | | | |
| Organization CONTACT Information | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Contact Name:** | | | | | | | | | | | | **Mr.** | | | | **Mrs.** | | | | **Ms.** | | **Miss** | **Dr.** | |
| **Contact Title:** | | | | | | | | | | | | | | | **Phone (day): (**   **)**     **-**      **ext.** | | | | | | | | | |
| **Contact Email:** | | | | | | | | **Fax: (**   **)**     **-** | | | | | | | **Phone (other): (**   **)**     **-**      **ext.** | | | | | | | | | |
| ESTIMATED UMREIMBURSED DAMAGES | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Total Amount of Estimated Unreimbursed Damages:** | | | | | | | | | | | | | | | | | | | | | | | | |

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| HURRICANE IMPACT Synopsis |  |
| **In narrative form, summarize your damages; highlight the unreimbursable facility damages attributable to the 2016 Hurricane season. Please use this space only (1,152 characters, no spaces).** | |
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**FACILITIES**

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| HURRICANE IMPACT narrative |  |
| **Provide a brief description of your facility (cultural purpose, size, physical characteristics that define its functional capabilities - e.g., audience capacity, square footage, equipment features, production characteristics, etc.) and describe your organization’s role in managing the facility. In addition, summarize the impact of the 2016 Hurricane Season on your facility. Describe structural damages in specific terms, and outline repair and replacement needs for equipment, property, and supplies. Please complete in the space provided (2,976 characters, no spaces).** | |
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| --- | --- | --- | --- | --- | --- | --- |
| **certification/signature** | | |  | | | |
|  | | | | | | |
| **I certify that all information contained in this form and attachments is true and accurate.**  **No County employee shall be signatory on behalf of an organization requesting funds from the Cultural Affairs Council.**  **All funded activities must provide equal access and equal opportunity in employment and services and may not discriminate on the basis of handicap, color, creed or religion.** | | | | | | |
|  | **AUTHORIZING SIGNATURE** |  | | **DATE** |  |  |
|  | **TYPED/PRINTED NAME** |  | | **TITLE** |  |  |

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