

FLORIDA CULTURAL INDUSTRY HURRICANE IMPACT ASSESSMENT FY2004-2005

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Send completed forms to: Deborah Margol debo@miamidade.gov / Dept. of Cultural Affairs, 111 NW 1st St., #625, Miami, FL 33128

ORGANIZATION INFORMATION

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 2003-2004:

Under \$100,000 \$100,000-\$500,000 More than \$500,000

ORGANIZATION CONTACT INFORMATION

Contact Name: Mr. Mrs. Ms. Miss Dr.
Contact Title: Phone (day): () - ext.
Contact Email: Fax: () - Phone (other): () - ext.

ESTIMATED LOSS AMOUNT

Total Amount of Estimated Loss:

HURRICANE IMPACT SYNOPSIS

In narrative form, summarize your losses; highlight the principal categories of earned and contributed income losses, and the areas of major impact on expenses (e.g., fee or expense savings due to cancellations, unbudgeted or extraordinary expenses, unreimbursed damages, etc.). Please use this space only.

HURRICANE IMPACT NARRATIVE**ORGANIZATION**

Provide a brief description of actual programmatic and administrative impacts of the 2004 Hurricane Season on your organization during the period July 1, 2004 – June 30, 2005. This should include a summary of unreimbursed losses being claimed in this form including: postponed, rescheduled and/or canceled programs; any organizational changes made as a result of the programmatic impact (e.g., staff reductions, unbudgeted temporary help hired, reprioritization of administrative functions, revised operational procedures, etc.), and the fiscal implications of these adjustments. Please complete in the space provided.

CERTIFICATION/SIGNATURE

I certify that all information contained in this form and attachments is true and accurate.

AUTHORIZING SIGNATURE _____ DATE _____

TYPED/PRINTED NAME _____ TITLE _____

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