

**FLORIDA CULTURAL INDUSTRY HURRICANE IMPACT ASSESSMENT FY2004-2005**

c/o FALAA ♦ P.O. Box 3486 ♦ West Palm Beach, FL ♦ 33402  
Phone: (561) 848-6231 ♦ Fax: (561) 848-7291 ♦ Email: [FALAA2000@aol.com](mailto:FALAA2000@aol.com)

Send completed forms to: Deborah Margol [debo@miamidade.gov](mailto:debo@miamidade.gov) / Dept. of Cultural Affairs, 111 NW 1<sup>st</sup> 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 \_\_\_\_\_

Send completed forms to: Deborah Margol [debo@miamidade.gov](mailto:debo@miamidade.gov) / Dept. of Cultural Affairs, 111 NW 1<sup>st</sup> St., #625, Miami, FL 33128