

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

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

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 2003-04:

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 UNREIMBURSED DAMAGES

Total Amount of Estimated Unreimbursed Damages: _____

HURRICANE IMPACT SYNOPSIS

In narrative form, summarize your damages; highlight the unreimbursable facility damages attributable to the 2004 Hurricane season. Please use this space only.

HURRICANE IMPACT NARRATIVE**FACILITY**

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 2004 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.

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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