

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

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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

**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 UMREIMBURSED 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.

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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