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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  33402Phone: (561) 848-6231  Email: info@flca.net**Send completed forms to:** Andrew Witt (awitt@historiccoastculture.com), Executive Director, St. Johns Cultural Council, 15 Old Mission Avenue, St. Augustine, FL 32084 (904) 808-7330 |

**ORGANIZATION**

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| 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 2015-2016: |  |  |  |
|  | [ ]  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:**       |

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| 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.). Use this space only (1,440 characters, no spaces).** |
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| HURRICANE IMPACT narrative |  |
| **Provide a brief description of actual programmatic and administrative impacts of the 2016 Hurricane Season on your organization during the period July 1, 2016 – June 30, 2017. 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 (2,880 characters, no spaces).** |
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**ORGANIZATION**

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| certification/signature |  |
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| **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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