

GOS Member Report

Questions about this form? Contact RACC staff for assistance at jmacnichol@racc.org or 503-823-2928.

Organization Contact Information:

If this contact information has changed, please update your applicant profile.

Organization Name:

FEIN number:

Address 1:

Address 2:

City:

County:

State:

Zip Code:

Website:

Primary Grant Contact:

Who should RACC contact with questions about your report and award information?

First Name:

Last Name:

Title:

Phone:

Email:

**Using the spaces provided for each topic, please report on the following:
Top challenges in FY2018 Key accomplishments in FY2018 Plans and goals for FY2019**

Artistic Work *

Audience Development *

Personnel and Management *

Board of Directors *

Staff & Board Data

Please provide the following demographic information for your staff, board, and volunteers for FY2018. This data should be expressed in actual numbers (rather than percentages). *

	Employees, Contractors, and Artists	Board	Other Volunteers
African American or Black	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asian (East Asian)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asian (South East Asian)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Latinz	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native American or Alaskan Native	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native Hawaiian or Pacific Islander	<input type="text"/>	<input type="text"/>	<input type="text"/>
Middle Eastern or North African	<input type="text"/>	<input type="text"/>	<input type="text"/>
White	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
Declined Response to Survey	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please describe which identities are included in the other row above. *

TOTALS:

Please provide the following names, titles and email for your current leadership.

*

	First Name	Last Name	Position Title	Email
Chief Executive	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Artistic Leader - Who makes the artistic decisions?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Financial Officer -	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Who handles the organization's finances?

Primary Development Officer - Who is responsible for fundraising efforts?

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Arts Education Contact - If your organization provides education programming for K-12 students, who is the primary contact?

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Audiences and Events

Please report your total audience and other constituents served in FY2018. Please note: This report no longer requires organizations to distinguish between those served at their primary venue and other venues. Please provide total numbers of individuals served at all venues in FY2018.

Number of regular tickets/admissions SOLD *

Number of Arts for All (\$5) admissions *

Number of Arts Card (Work for Art) 2-for-1 tickets *

Number of free or discounted tickets for K-12 student field trips *

Comp tickets for media, family, community members, etc. *

Other discounted admissions *

Admissions to free events *

Number of K-12 students served through other programs *

Number of others served:

Describe the others served:

Does your organization have members? *

- Yes
- No

Number of members in FY2018 *

Estimated number of members for FY2019 *

Does your organization sell subscriptions? *

- Yes
- No

Number of subscribers in FY2018 *

Estimated number of subscribers for FY2019 *

Names and Zip Codes of Venues where your work was presented in FY2018

	Venue Name	Venue Zip
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

6	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>

Audience/Participant Demographics

Please provide the following demographics on your FY2018 audiences and participants, expressed in percentages. *

African American or Black	<input type="text"/>
Asian (East Asian)	<input type="text"/>
Asian (South East Asian)	<input type="text"/>
Latinx	<input type="text"/>
Native American or Alaskan Native	<input type="text"/>
Native Hawaiian or Pacific Islander	<input type="text"/>
Middle Eastern or North African	<input type="text"/>
Native American or Alaska Native	<input type="text"/>
White	<input type="text"/>
Other	<input type="text"/>
Did not respond to survey	<input type="text"/>

Please describe which identities are included in the other row above. *

Total

How do you measure the demographics and diversity of your constituents? Are you actively involved in any efforts to expand the diversity of your organization and your constituents? *

ACCESS: Please share any efforts, planned or in progress, to ensure that all local residents have access to your programs and services. *

EDUCATION: Please describe your services, if any, for K-12 students.

Organization Financials

Please describe how you are meeting cash flow needs and balancing your budget for 2018 and beyond. *

If your organization's unrestricted net assets are negative, explain your plan to reduce or eliminate the accumulated deficit. *

The RACC Eligible Income calculation

FY 2018 Total Unrestricted Income/Revenue *

Income related to services performed outside of Clackamas, Multnomah, and Washington Counties *

In-Kind Revenue *

Business revenue unrelated to arts programming (i.e. Fiscal Sponsorship pass throughs, non-mission event rentals, etc.) *

Revenue related to services provided in Non-ADA Accessible venues *

RACC Grant income in FY2018 *

Signature

SIGNATURE / AMERICANS WITH DISABILITIES ACT CERTIFICATION / STATEMENT OF NON-DISCRIMINATION By signing this application, the applicant certifies that all information contained in this document is true and accurate, the applicant agrees to comply in every way with all applicable entity or individual receiving grant provisions of the Americans with Disabilities Act of 1990, 42 USC Sec. 12101, et seq. and the applicant agrees not to discriminate on the basis of race, creed, religion, color, sex, marital status, political opinion, familial status, national origin, age, gender, mental or physical disability, sexual orientation, military status, gender identity and source of income or disability status.

Printed Name *

Title *

Date of Submission *

Please use your mouse to sign on the line below:

