

# Form "A" FY2018

Complete one (1) for each event

## Presenter Evaluation

Presenting organization \_\_\_\_\_

Please complete **as soon as possible after each event**; return to MPAC office, PO Box 1872, Bozeman MT 59771-1872, **must be received in MPAC office not later than June 30, 2018**. Call (406) 585-9551 for assistance.

Company/Artist \_\_\_\_\_ Number of artists in group \_\_\_\_\_

Date(s) of event \_\_\_\_\_

Specific communities served: \_\_\_\_\_

ACTIVITY	# OF EVENTS	ADMISSION PRICE RANGE	ATTENDANCE
Public performance	_____	_____	_____
Residency activity	_____	_____	_____
School performance	_____	_____	_____
Workshop	_____	_____	_____
Master class	_____	_____	_____
Lecture-demonstration	_____	_____	_____
Other _____	_____	_____	_____
TOTALS	_____	_____	_____

Please characterize the audience for your public performance only by percentage (%), total = 100%.

\_\_\_\_ minorities, \_\_\_\_ senior citizens (60+), \_\_\_\_ adults, \_\_\_\_ children, \_\_\_\_ handicapped.

Did you target any specific groups with this performance? \_\_\_\_ Yes \_\_\_\_ No

If yes, which one(s): \_\_\_\_\_

Was this a block-booked event? \_\_\_\_ No \_\_\_\_ Yes, with: \_\_\_\_\_

Circle your responses on this engagement (quality 1 = low, 5 = high):

Promotional material quality	1	2	3	4	5
Timeliness of promotional materials	1	2	3	4	5
Cooperation of management prior to engagement	1	2	3	4	5
Compatibility of artist requests with your facility	1	2	3	4	5
Artist's cooperation/attitude during engagement	1	2	3	4	5
Technical crew cooperation/attitude during engagement	1	2	3	4	5
Technical set-up completed on time	1	2	3	4	5
Performance started/ended on time	1	2	3	4	5
Artist professionalism	1	2	3	4	5
Quality of performance	1	2	3	4	5
Audience reaction	1	2	3	4	5
Attendance for this event	1	2	3	4	5
Appropriateness of performance space for this artist	1	2	3	4	5
Quality of residency activities conducted during this engagement	1	2	3	4	5

Please summarize your overall response to this engagement. Specify any compelling positive or negative factors not covered elsewhere and explain any circumstances you believe to be of particular interest.

Please add any other comments, criticism, or suggestions for ways MPAC can better serve your community.

Form "B"

Presenter Development SERIES Final Financial Report FY2018

Due in MPAC office not later than June 30, 2018.

Organization \_\_\_\_\_ City or town \_\_\_\_\_

REVENUE

CASH

Fee Support (specify):

MPAC Presenter development \_\_\_\_\_

WESTAF/TourWest \_\_\_\_\_

Montana Arts Council \_\_\_\_\_

Montana Cultural Trust \_\_\_\_\_

Local or County government \_\_\_\_\_

School District \_\_\_\_\_

Corporate/business contributions \_\_\_\_\_

Private (individual) contributions \_\_\_\_\_

Earned: Admissions

Subscription Series Sales \_\_\_\_\_

Single ticket sales at door \_\_\_\_\_

Advertising \_\_\_\_\_

Special events (bake sales, dinners, etc.) \_\_\_\_\_

All remaining revenue \_\_\_\_\_

TOTAL CASH REVENUE \_\_\_\_\_

EXPENSE

CASH

IN-KIND\*\*

Total artist fees \_\_\_\_\_

Other artist expenses (e.g., lodging, transportation, meals, etc.) \_\_\_\_\_

Presenter personnel (administration, tech, box office, ushers, etc.) \_\_\_\_\_

Marketing (publicity, promotion, printing, postage, etc.) \_\_\_\_\_

Space (office and/or venue) rental \_\_\_\_\_

All remaining expenses \_\_\_\_\_

TOTAL EXPENSES \_\_\_\_\_

Surplus/(deficit)\* \_\_\_\_\_

\*Please show your organization's profit or deficit, do not show -0-.

\*\*In-kind is a contributed amount you otherwise would have had to pay; e.g., count volunteer time at \$15/hour; do not include in cash column. **This information is extremely important for matching grants!**

Signature \_\_\_\_\_ Date \_\_\_\_\_

PRINT name of person reporting \_\_\_\_\_

Title \_\_\_\_\_ E-mail address \_\_\_\_\_