



FINAL EVALUATION REPORT

How did it go?

Your feedback on this Final Evaluation Report will enable us to further improve our exhibitions and exhibition-related services, ensuring the success of organizations we serve. **Your information is required for reporting to the National Endowment for the Humanities.** Please candidly answer the following questions and return a copy of your report, along with the marketing materials listed in Section C, within 30 days of the exhibition closing date to **MoreArt@maaa.org** or print and mail to: **Mid-America Arts Alliance, Final Evaluation Report, 2018 Baltimore Avenue, Kansas City, MO 64108.**

A. Project Information

Exhibition Title: _____

Exhibition Opening and Closing Dates: _____

Exhibition Attendance: Adult: _____ Children: _____

*If you do not keep visitor counts, or do not distinguish children (age 18 and under) from adults in attendance, please enter estimates.

B. Contact Information

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Title: _____

Telephone: _____

Email: _____

DUNS Number: _____

County Name: _____

State Senate District No.: _____

State House District No.: _____

U.S. Congressional District No.: _____

Number of full-time employees: _____

Number of part-time employees: _____

Number of volunteers: _____

C. Publicity/Advertising

Please attach copies of any promotional or educational materials pertaining to the exhibition, including articles, advertisements, radio clips, exhibition reviews, invitations, and any other pieces your organization produced or that appeared in the media. Also, include any photographs, preferably high resolution (Preferably 300 DPI digital images) of the exhibition installed in your space, visitors interacting with the work, or the installation/de-installation process. Please email images to **MoreArt@maaa.org**, burn to a CD or DVD or mail copies along with your final evaluation report to Mid-America Arts Alliance.



D. Programming/Exhibition Related Activities

Please describe each exhibition-related activity you held in conjunction with the exhibition, speaker or leader’s name, and attendance records for both adults and children. If you do not have attendance records, please estimate. If you repeat an activity several times, please count each repetition as a separate activity.

Name of Program/Activity	Speaker/Leader	K-12 Activity (check=yes)	Attendance: Adults Children	
<i>Example: Lecture and Panel Discussion on WWII</i>	<i>: Beth Seldin Dotan, The Institute for Holocaust Education</i>	<input type="checkbox"/>	<i>32</i>	<i>2</i>
1. _____	: _____	<input type="checkbox"/>	_____	_____
2. _____	: _____	<input type="checkbox"/>	_____	_____
3. _____	: _____	<input type="checkbox"/>	_____	_____
4. _____	: _____	<input type="checkbox"/>	_____	_____
5. _____	: _____	<input type="checkbox"/>	_____	_____
6. _____	: _____	<input type="checkbox"/>	_____	_____
7. _____	: _____	<input type="checkbox"/>	_____	_____
8. _____	: _____	<input type="checkbox"/>	_____	_____
9. _____	: _____	<input type="checkbox"/>	_____	_____
10. _____	: _____	<input type="checkbox"/>	_____	_____
TOTAL ATTENDANCE			_____	_____

How many K-12 school groups did you host during this exhibition period? _____

Please list name of any artists or humanities scholars who participated in programming/exhibition related activities and the name of the activity:

1. _____ Activity: _____
2. _____ Activity: _____
3. _____ Activity: _____
4. _____ Activity: _____

Please share any stories, insights, or observations from visitors or staff that show the impact of the exhibition and activities on visitors and the community.

FINAL EVALUATION REPORT

Did your institution receive a \$1,000 Educational and Public Program Grant? Yes No (If no, skip to Section E)

If yes, please rate the impact of the Educational and Public Program Grant on your:

	(No Impact)	>	>	>	>	>	>	>	>	(High Impact)
Institution:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Audience:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Community:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

Please describe the strengths and challenges of the programming activity this grant supported.

E. Financial Information

In this section, please record actual expenses, cash allocation and income received or due to be received and in-kind donations incurred for this exhibition. Include a pro-rated share of staff time and administrative costs, as appropriate.

TOTAL CASH EXPENSES FOR EXHIBITION

Rental Fee: _____

Shipping Fee: _____

Security: _____

Administrative Costs: _____

Opening Reception: _____

Programming: _____

Activities/Speaker's Fees: _____

Other: _____

Total: \$ _____

TOTAL CASH ALLOCATION AND INCOME FOR EXHIBITION

Grants: _____

Donations: _____

Retail Sales: _____

Programming Fees: _____

Operational Budget*: _____

**This line should account for all expenses not covered by other income.*

Other: _____

Total: \$ _____

**The Total should be equal to or greater than Total Cash Expenses.*

ACTUAL TOTAL IN-KIND CONTRIBUTIONS FOR EXHIBITION \$ _____

For in-kind contributions, include all non-cash services contributed to success of the exhibition, such as volunteer hours, donations for receptions, etc. Volunteer services can be shown as: Donated professional services (e.g. a lawyer donating legal advice) should be valued at his or her professional rate. Services that are similar to those performed by a paid staff member(s) from your organization should be valued at the same rate as the paid staff. All other services should be valued at the current federal minimum wage (even though we know they're worth more!)

F. Experience

1. Please indicate which of the following goals best describes your institution’s reasons for hosting this exhibit:
 - To reach new audiences
 - To form new community partnerships
 - To leverage new funding sources
 - To develop new opportunities for staff and professional development
 - To create and implement new programming strategies
 - Other: _____

2. How did you learn about this traveling exhibition? (Please check all that apply):
 - A colleague
 - Conference (name: _____)
 - Website (please circle: EUSA NEH on the Road M-AAA Search Engine Other: _____)
 - Mailing (please circle: Catalog Postcard Other: _____)
 - Advertisement (publication: _____)
 - ENewsletter
 - Other: _____

3. What were the **strengths** of the exhibition?

4. What were the **weaknesses** of the exhibition?

5. Which support materials were most/least helpful? (programming guide, narrative labels, installation instructions, packing instructions, press release, PSA, staff support)

6. Overall, how well did the exhibition support materials meet your visitor’s needs?
 - Excellent
 - Very Good
 - Good
 - Fair
 - Poor
 Comments:

7. In what ways could we improve our services to you?

8. Would you host this type of exhibition in the future? Why or why not?

G. Organization Profile

1. Choose the one item which best describes the organization’s legal status:

- | | | |
|--|--|--|
| <input type="checkbox"/> 01 Individual | <input type="checkbox"/> 02 Organization – Nonprofit | <input type="checkbox"/> 04 Government – Federal |
| <input type="checkbox"/> 05 Government - State | <input type="checkbox"/> 06 Government - Regional | <input type="checkbox"/> 07 Government - County |
| <input type="checkbox"/> 08 Government - Municipal | <input type="checkbox"/> 09 Government - Tribal | <input type="checkbox"/> 99 None of the Above |

2. Choose the one item which best describes the applicant:

- | | | |
|--|---|---|
| <input type="checkbox"/> 01 Individual – Artist | <input type="checkbox"/> 02 Individual - Non-artist | <input type="checkbox"/> 03 Performing Group |
| <input type="checkbox"/> 04 Performing Group - College/Univ. | <input type="checkbox"/> 05 Performing Group – Community | <input type="checkbox"/> 06 Performing Group – Youth |
| <input type="checkbox"/> 07 Performance Facility | <input type="checkbox"/> 08 Art Museum | <input type="checkbox"/> 09 Other Museum |
| <input type="checkbox"/> 10 Gallery/Exhibition Space | <input type="checkbox"/> 11 Cinema | <input type="checkbox"/> 12 Independent Press |
| <input type="checkbox"/> 13 Literary Magazine | <input type="checkbox"/> 14 Fair/Festival | <input type="checkbox"/> 15 Arts Center |
| <input type="checkbox"/> 16 Arts Council/Agency | <input type="checkbox"/> 17 Arts Service Organization | <input type="checkbox"/> 18 Union/Professional Assn. |
| <input type="checkbox"/> 19 School District | <input type="checkbox"/> 20 Parent-Teacher Organization | <input type="checkbox"/> 21 Elementary School |
| <input type="checkbox"/> 22 Middle School | <input type="checkbox"/> 23 Secondary School | <input type="checkbox"/> 24 Vocational/Technical School |
| <input type="checkbox"/> 25 Other School | <input type="checkbox"/> 26 College/University | <input type="checkbox"/> 27 Library |
| <input type="checkbox"/> 28 Historical Society | <input type="checkbox"/> 29 Humanities Council | <input type="checkbox"/> 30 Foundation |
| <input type="checkbox"/> 31 Corporation | <input type="checkbox"/> 32 Community Service Organization | <input type="checkbox"/> 33 Correctional Institution |
| <input type="checkbox"/> 34 Health Care Facility | <input type="checkbox"/> 35 Religious Organization | <input type="checkbox"/> 36 Seniors’ Center |
| <input type="checkbox"/> 37 Parks and Recreation | <input type="checkbox"/> 38 Government - Executive | <input type="checkbox"/> 39 Government - Judicial |
| <input type="checkbox"/> 40 Government - Legislative (House) | <input type="checkbox"/> 41 Government - Legislative (Senate) | <input type="checkbox"/> 42 Media - Periodical |
| <input type="checkbox"/> 43 Media - Daily Newspaper | <input type="checkbox"/> 44 Media - Weekly Newspaper | <input type="checkbox"/> 45 Media - Radio |
| <input type="checkbox"/> 46 Media – Television | <input type="checkbox"/> 47 Cultural Series Organization | <input type="checkbox"/> 48 School of the Arts |
| <input type="checkbox"/> 49 Arts Camp/Institute | <input type="checkbox"/> 50 Social Service Organization | <input type="checkbox"/> 51 Child Care Provider |
| <input type="checkbox"/> 99 None of the Above | | |

3. Choose the one item which best describes the applicant’s primary area of work in the arts.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> 01 Dance | <input type="checkbox"/> 02 Music | <input type="checkbox"/> 03 Opera/Music Theatre | <input type="checkbox"/> 04 Theatre |
| <input type="checkbox"/> 05 Visual Arts | <input type="checkbox"/> 06 Design Arts | <input type="checkbox"/> 07 Crafts | <input type="checkbox"/> 08 Photography |
| <input type="checkbox"/> 09 Media Arts | <input type="checkbox"/> 10 Literature | <input type="checkbox"/> 11 Interdisciplinary | <input type="checkbox"/> 12 Folklife/Traditional |
| <input type="checkbox"/> 13 Humanities | <input type="checkbox"/> 14 Multidisciplinary | <input type="checkbox"/> 15 Non-arts/humanities | |

4. Please estimate the predominant group of which their staff or board or membership (not audience) is composed:

- | | |
|--|--|
| <input type="checkbox"/> A: 50 percent or more Asian | <input type="checkbox"/> B: 50 percent or more Black/African American |
| <input type="checkbox"/> H: 50 percent or more Hispanic/Latino | <input type="checkbox"/> N: 50 percent or more American Indian/Alaska Native |
| <input type="checkbox"/> P: 50 percent or more Native Hawaiian/Pacific Islander | <input type="checkbox"/> W: 50 percent or more White |
| <input type="checkbox"/> 99: No single group listed above represents 50 percent or more of staff or board or membership. | |

5. For the next three questions, select all categories that, by your best estimate, made up 25% or more of the population of the exhibitor’s audience (check all that apply in each category):

- Population by Race/Ethnicity: American Indian/Alaska Native Asian Black/African American Hispanic/Latino
 Native Hawaiian White No single racial/ethnic group made up more that 25% of the audience

- Population by Age: Children/Youth (0-18 years) Young Adults (19-24 years) Adults (25-64 years)
 Older Adults (65+ years) No single age group made up more that 25% of the audience

- Population by Distinct Groups: Individuals with Disabilities Individuals below the Poverty Line
 Individuals with Limited English Proficiency Military Veterans/Active Duty Personnel
 Individuals in Institutions (include people living in hospitals, hospices, nursing homes, assisted care facilities, correctional facilities, and homeless shelters)
 Youth at Risk No single age group made up more that 25% of the audience

H. Submission

Thank you for your feedback!

Please sign below and return one copy, complete with exhibition materials listed in Section C, within 30 days of the exhibition closing date. Send to MoreArt@maaa.org or print and mail to:

Mid-America Arts Alliance
Final Evaluation Report
2018 Baltimore Avenue
Kansas City, MO 64108

FOR ORGANIZATIONS IN MID-AMERICA ARTS ALLIANCE MEMBER STATES (AR, KS, MO, NE, OK, TX) please submit one copy to your state arts agency.

Arkansas Arts Council
1500 Tower Building
323 Center Street
Little Rock, AR 72201

Missouri Arts Council
815 Olive St., Ste. 16
St. Louis, MO 63101

Creative Arts Industries Commission
Kansas Department of Commerce
1000 SW Jackson St.
Topeka, KS 66612

Nebraska Arts Council
1004 Farnam St.
Plaza Level
Omaha, NE 68102

Oklahoma Arts Council
PO Box 52001-2001
Oklahoma City, OK 73152

Texas Commission on the Arts
PO Box 13406
Austin, TX 78711

I hereby certify that all information contained in the Final Report is true to the best of my knowledge.
Submitted by Authorizing Official or Representative of Authorizing Official:

Signature

Name (type or print)

Title

Date

For any questions, please contact Client Relations at MoreArt@maaa.org or (800) 473-EUSA (3872)