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Project Dates: January 1–December 30, 2016
Revised Project Summary and Budget Forms are due in the Fulton County Arts & Culture’s Office by **5:00 PM on August 29, 2016.**

2016 REVISED CONTRACT SUMMARY & BUDGET FORM

Check here for name and address correction(s)

1. Organization Name City of Hapeville

2. Mailing Address 3468 N Fulton Ave
Hapeville State GA County FULTON Zip Code 30354

3. Office Address (if different from mailing) 3468 N Fulton Ave
Hapeville State GA County FULTON Zip Code 30354

4. Fulton County Commission District 6

5. Federal Employer Identification #: 58-6000589

6. Vendor Code: CITY681088-P

6. Exec Director Jennifer Elkins

7. Board Chair Alan Hallman

8. Contact Person Allie O'Brien

9. Contact Person Title Economic Development Manger

10. Phone Number 404-669-8428 (Fax) N/A

11. E-mail aobrien@hapeville.org

12. Website (www) www.hapeville.org

I hereby certify that all information provided on this 2016 Revised Contract Summary & Budget form is true and accurate to the best of my knowledge and belief.

Signature of Authorized Official of Contractor

Print Name of Authorized Official

Date

1. Are Fulton County artists participating in your contracted project? Yes No
2. If **YES**, please attach a list of Fulton County artists’ that will participate in your contracted project. This list must include the **artists’ names, addresses and phone numbers** as well as a description of the role of each artist in the contracted service(s). If not all artists’ have been identified, that information should be provided with the progress report, due **October 10, 2016**.

1. In your application, you indicated that the projected audience would be _____.
2. Is this number still your projection? Yes No
3. If **NO**, what is your revised projected audience for the 2016 contract? _____.

Has your Board of Directors information changed since the organization submitted the application? Yes No

If yes, attach an updated Board of Directors List that includes contact information.

If the amount awarded is LESS than the amount requested, please update your CASH budget to reflect this change. **Please attach a breakdown of all CASH Expenses and Cash Income.**

CASH EXPENSES	2016 CASH BUDGET ORIGINAL APPLICATION	2016 CASH BUDGET REVISED
1. Personnel – Administrative		
2. Personnel – Artistic		
3. Personnel – Technical/Production		
4. Outside Fees & Services – Artistic		
5. Outside Fees & Services – Other		
6. Marketing		
7. Other Operating Expenses		
8. TOTAL CASH EXPENSES (lines 1 to 7)		

CASH INCOME

9. Earned Income		
10. Corporate Support		
11. Foundation Support		
12. Other Private Support		
13. Government Support (federal, state, city)		
14. County Government Support (from other Fulton County Depts)		
15. Applicant Cash		
16. Total CASH Income		
17. FCAC Contract Award		
18. TOTAL CASH INCOME (sum of lines 16 & 17)		

If amount awarded has a significant effect on the budget, what measures will be implemented to compensate for the lower amount? Be specific.

G. SCOPE OF SERVICES

Please review the following. The information listed in section G-1 will be the scope of

services for your 2016 contract.

- If no corrections in the scope of services are necessary, please check the box in section 2.
- If changes in the scope of services are necessary, please complete section 3.

1. **SCOPE OF SERVICES:**

To support the Hapeville Celebrates 125 Project. Support request outlines artistic performance fees, an art exhibition and marketing support all planned for the enhancement of the City's year long celebration of the commemorative 125th year! The artistic support for performances will occur at the Annual Hapeville Happy Days Festival. The exhibits will be available for viewing though the exhibition time. The exhibits will be coordinated in partnership with a local historical organization with the historic commemorative theme.

Project Elements Requesting Funding REVISED	TOTAL \$7,625
Visual Arts Support—exhibits (2) “Legacy of Excellence” Depot	\$2,000
Performing Arts Support—event (1) “Happy Days”	\$2,125
Marketing & Technical Support for both.	\$3,500

2. I certify that the scope of services as stated above is true accurate and correct. I agree that that this scope of services will be the basis of my organization’s 2016 Contract for Services and that my organization will be providing all the services as stated.

Signature of authorized official: _____

Please print name and title: _____

3. We request that the scope of services be modified as follows:

We have decreased the % of support for the Happy Days Festival and the “Legacy of Excellence” exhibits, along with the % for marketing and technical services to support them. We will still plan to use the granted funds to support these efforts—to a lesser degree in keeping with the awarded amount. We have eliminated the portion of the project that requested funding for the “Celebrate Downtown Hapeville 125” event as well as the additional funds originally requested for the commission of an additional public art piece.

4. The scope of services as modified in line G-3 is accurate and correct. I agree that, upon approval of the modified scope of services by the Arts Council, this will be the basis of the organizations' 2016 Contract for Services and that the organization will be providing all the services as stated.

Signature of authorized official: _____

Please print name and title: _____

Please print name of organization: _____

Please provide information about **ALL** planned 2016 **FULTON COUNTY** locations where the contracted services will take place. If necessary, please attach a separate sheet using the below format to report additional venue information.

Fulton County Locations (Name and Street Address including Zip Code)	Fulton County Board of Commissioners District	Services to be provided at this Fulton County Location
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

1

Please estimate the demographic breakdown of the people to be served. **The TOTAL should equal the Projected Audience number given in Section D. Breakdown of People To Be Served – please use whole numbers, NOT percentages**

	African/ American	Hispanic/ Latino	Asian/ American	Native American	Caucasia n	Other	TOTAL
Youth (aged 0-18)	+	+	+	+	+	+	+
Adults (ages 19-64)	+	+	+	+	+	+	+
Seniors (ages 65+)	+	+	+	+	+	+	+
TOTAL	+	+	+	+	+	+	+

Please provide information about projected 2016 outreach and inreach programs that are funded by this FCAC award. Attach additional sheet(s) if necessary.

*Outreach programs are those programs that provide services to populations that have been identified as underserved at locations outside of your facility (e.g., at schools, community centers, free public events, etc.) Inreach programs have the same intent as outreach programs only they bring those underserved audiences to your facility.

2. Will you offer free or discounted programs?

Yes No

If yes, please explain (be sure to include amount of any discount) : ____

In which District(s) will your programs take place? _____

3. Will you offer outreach or inreach programs for youth (ages 0-18)?

Yes No

If yes, please explain: ____

In which District(s) will your programs take place? _____

4. Will you offer outreach or inreach programs for seniors (ages 65+)?

Yes No

If yes, please explain: ____

In which District(s) will your programs take place? _____

5. Will you offer outreach or inreach programs specifically designed to diversify your audiences?

Yes No

If yes, please explain: _____

In which District(s) will your programs take place? _____

6. Will you offer any gender-specific programs (i.e., programs specifically designed to serve either men/boys or women/girls?)

Yes No

If yes, please explain: _____

In which District(s) will your programs take place? _____

7. Do you anticipate reaching new audiences and/or underserved communities through your outreach and inreach programs?

Yes No

If yes, please explain: _____

In which District(s) will your programs take place? _____

*You may attach one (1) additional sheet if necessary. Please enter “does not apply” if not applicable.