

# The 2010 Local Arts Agency Census

**Please Confirm and/or Provide Your Organization's Contact Information:**

Organization Name: \_\_\_\_\_ ID: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Name of Chief Staff Executive: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Please Answer The Following Questions Completely:**

1. Which of the following best describes the **legal status** of your organization? *(Check only one)*  
 Private (e.g., nonprofit organization) *(move DOWN)*      Public (e.g., government agency) *(move DOWN)*      Other  

**Which best characterizes its service area?**

 City or town only  
 City and county  
 County only  
 Multi-city or Multi-county region  
 Other (specify): \_\_\_\_\_

**With which level of government is it affiliated?**

 City government  
 County government  
 Unified city/county government (e.g., Nashville/Davidson County, TN)  
 State government  
 Other (specify): \_\_\_\_\_
2. Which of the following categories includes the **population** of your organization's service area? Visit the U.S. Census Bureau's website to locate the latest population estimates (<http://www.census.gov/popest/estbygeo.html>). *(Check only one)*  
 Fewer than 20,000      20,000 to 49,999      50,000 to 74,999      75,000 to 99,999      100,000 to 249,999      250,000 to 499,999      500,000 to 999,999      1,000,000 or More
3. Does your organization provide **financial support in the form of grants or contracts**? *(Check all that apply)*  
 Yes, to organizations      Yes, to individual artists      No
4. Does your organization provide **technical assistance or other non-funding related services**? *(Check all that apply)*  
 Yes, to organizations      Yes, to individual artists      Yes, to the general public      No
5. Is your organization involved in the programs below **directly, indirectly, or not at all**? *(Check all that apply for each row)*  

Arts-based community development (e.g., illiteracy, at-risk youth)	<input type="checkbox"/> Directly	<input type="checkbox"/> Indirectly (through a grant/contract)	<input type="checkbox"/> No
Arts education programming and/or arts education advocacy	<input type="checkbox"/> Directly	<input type="checkbox"/> Indirectly (through a grant/contract)	<input type="checkbox"/> No
Presenting cultural programming (e.g., festivals, performances)	<input type="checkbox"/> Directly	<input type="checkbox"/> Indirectly (through a grant/contract)	<input type="checkbox"/> No
Public art	<input type="checkbox"/> Directly	<input type="checkbox"/> Indirectly (through a grant/contract)	<input type="checkbox"/> No
6. Does your organization have at least one **full-time, paid employee**?  Yes (how many?): # \_\_\_\_\_  No
7. Does your organization manage at least one **cultural facility**?  Yes  No
8. Has your organization completed or updated a **community cultural plan** within the past five years?  Yes  No
9. In which of the following topic areas is your organization **currently working and/or partnering**? *(Check all that apply)*  

<input type="checkbox"/> Accessibility	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Audience Development	<input type="checkbox"/> Arts & Business Programs
<input type="checkbox"/> Board Development	<input type="checkbox"/> Civic Engagement	<input type="checkbox"/> Cultural Districts	<input type="checkbox"/> Cultural Tourism
<input type="checkbox"/> Dedicated Public Funding	<input type="checkbox"/> Economic Development	<input type="checkbox"/> Individual Giving	<input type="checkbox"/> International Exchanges
<input type="checkbox"/> Life-Long Learning Programs	<input type="checkbox"/> Marketing and PR	<input type="checkbox"/> Online Art/Events Calendars	<input type="checkbox"/> Technology in the Arts
<input type="checkbox"/> United Arts Fundraising	<input type="checkbox"/> Volunteer Recruitment	<input type="checkbox"/> Workforce Development	<input type="checkbox"/> Other: _____
10. As a local arts agency, what are your organization's **three most critical professional development needs**? *(Pick THREE)*  

<input type="checkbox"/> Advocacy	<input type="checkbox"/> Audience Development	<input type="checkbox"/> Board Relations	<input type="checkbox"/> Cultural Planning
<input type="checkbox"/> Development/Fundraising	<input type="checkbox"/> Fiscal Management	<input type="checkbox"/> Grantmaking Policies	<input type="checkbox"/> Marketing and Branding
<input type="checkbox"/> Meeting Facilitation	<input type="checkbox"/> Strategic Planning	<input type="checkbox"/> Technology Planning	<input type="checkbox"/> Other: _____
11. Please provide the following important **financial information** about your organization. For the purposes of this census, fiscal year 2009 is defined as your organization's fiscal year that **ended** between January 1, 2009 and December 31, 2009.  
**Total FY 2009 Revenues** (include all monies that passed through your budget, including pass-through grants): \$ \_\_\_\_\_  
**Total FY 2009 Local Gov't. Support** (include all monies from city and/or county government sources only): \$ \_\_\_\_\_  
**Total FY 2009 Expenditures** (include all organizational expenditures, including pass-through grants): \$ \_\_\_\_\_