

**LOCAL ORGANIZATION AND CULTURAL GROUP  
SURVEY / QUESTIONNAIRE**

**Arts and Culture Assessment  
Local Arts / Cultural Groups Survey**

The Triple Hill Arts Initiative (THAI) is conducting an arts and culture assessment of Mount Vernon, New York to determine current and future interests, resources, and needs in the community. An essential component of the study is to assess the role of local arts and cultural organizations in Mount Vernon, New York.

As a leader of a local cultural organization, we are asking for your participation in this survey. This survey will take approximately 20 minutes to complete. If you do not have the exact information readily available, we ask that you use your best estimates. We would appreciate if you could complete the survey no later than \_\_\_\_.

*A note about confidentiality: THAI will not sell, rent, distribute, or reveal any data provided by you or your organization to any individual or organization. Data will be held in strict confidence and used for aggregated analysis only.*

For more information about the project, please go to [www.triplehillarts.com](http://www.triplehillarts.com), or contact Donna Jackson at [artreps@gmail.com](mailto:artreps@gmail.com).

Thank you for your participation!

**1. FIRST, A FEW QUESTIONS ABOUT YOUR ORGANIZATION**

Responses to this survey will remain completely anonymous.

Your Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City State Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Organization's Website: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Name of Executive Director: \_\_\_\_\_

**1A. Please provide the following information in case we have questions about your survey...**

Contact Person: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

**1B. How many people does your organization employ? (Blank responses will be considered zero)**

Number of permanent full-time employees (each work 35+ hours per week) \_\_\_\_\_

Number of permanent part-time employees (each work <35 hours per week) \_\_\_\_\_

Number of temporary seasonal employees: \_\_\_\_\_

Number of volunteers (unpaid staff who run the organization) \_\_\_\_\_

**2. DESIGNATION / STATUS OF YOUR ORGANIZATION****2A. Is your organization PRIVATE or PUBLIC? (please check only one)**

- ☐ Private / Non-profit Organization [SKIP TO QUESTION 2C]  
☐ Private / For-profit Organization [SKIP TO QUESTION 3]  
☐ Public Organization [SKIP TO QUESTION 2B]

**2B. If Public / Government, is your organization:**

- ☐ Part of the City Government  
☐ Part of the County Government  
☐ Part of the combined city/county government  
☐ Other (please specify below)

**2C. Does your organization have tax-exempt 501(c)3 status?**

- ☐ Yes ☐ No

**3. FINANCIAL PROFILE OF YOUR ORGANIZATION**

Responses to this section will assist us in understanding the economies of local artistic business. If exact figures are not available, please use your best estimates.

**3A. What was the END DATE for your organization's most recently completed fiscal year?**

(mm/dd/yyyy)

**3B. OVERHEAD AND OPERATING EXPENSES**

Please provide the itemized expenditures that your organization made during the most recently completed fiscal year that you identified above

Administration & Finance (personnel, general administration, IT, human resources)	\$ _____
Marketing and Communications / PR	\$ _____
Programming / Events	\$ _____
Education (workshops, seminars, school programs)	\$ _____
Building Operations (occupancy costs, building administration)	\$ _____
Retail	\$ _____
Development (fundraising costs)	\$ _____
Other (please describe)	\$ _____
<b>TOTAL OVERHEAD AND OPERATING EXPENSES:</b>	<b>\$ _____</b>

**3C. Do you own or rent a facility?**

- ☐ Yes [GO ON TO QUESTION 3D] ☐ No [SKIP TO QUESTION 3E]

**3D. FACILITY EXPENSES**

Please fill in all applicable facility expenses incurred during the most recently completed fiscal year.

Rental and/or lease costs (include both administration and performance/exhibit space)	\$ _____
Mortgage costs	\$ _____
Property taxes	\$ _____
Payment in lieu of taxes (PILOT)	\$ _____
Utilities (including water, electric and refuse)	\$ _____
Other facility costs (please describe)	\$ _____
<b>TOTAL FACILITY EXPENSES:</b>	<b>\$ _____</b>

**3E. Do you employ staff or artists?**☐ Yes [GO ON TO QUESTION 3F]☐ No [SKIP TO QUESTION 3G]**3F. PERSONNEL EXPENSES**

Please fill in all applicable personnel expenses incurred during the most recently completed fiscal year.

Payroll to full-time and part-time administrative staff (including payroll taxes and fringe benefits)	\$ _____
Payments to full-time and part-time administrative contractors	\$ _____
Payments to artistic staff – LOCAL ARTISTS (including payroll taxes and fringe benefits)	\$ _____
Payments to artistic staff – NON-LOCAL artists (including payroll taxes and fringe benefits)	\$ _____
Other personnel expenses (please specify expenses below)	\$ _____
<b>TOTAL PERSONNEL EXPENSES:</b>	<b>\$ _____</b>

**3G. CAPITAL EXPENSES**

These payments to buy, build, replace, improve, or expand a facility or equipment that will last for more than one year and which, under generally accepted accounting principles, are not chargeable as an expense of operation or maintenance. In other words, they are capitalized and may be depreciated or amortized.

☐ Yes [GO ON TO QUESTION 3H]☐ No [SKIP TO QUESTION 3 I]

**3H. Please provide estimates for your most significant capital expenditures over the last 5 years.**

Capital Expenditure	Cost	Description
<b>Equipment purchases and improvements</b> (e.g., computer equipment and upgrades, instruments, tools, sound systems, lighting systems, easels, kilns)	\$	
<b>Real estate purchase</b> (e.g., you bought a new studio, performance, or rehearsal space)	\$	
<b>Construction or new facilities</b> (e.g., you built a new studio, performance or rehearsal space)	\$	
<b>Renovation / improvement</b> (e.g., you turned your storage room into a classroom)	\$	
<b>Other</b> (please describe)	\$	

**3 I. YOUR ORGANIZATION'S REVENUE**

Please provide estimates for revenue received by your organization during the most recently completed fiscal year.

<b>Earned</b>	\$	
<b>Contributed</b>	\$	
		<b>Total Revenue \$</b>

### 3J. YOUR ORGANIZATION'S CONTRIBUTED INCOME

Please describe contributed income that your organization received during the most recently completed fiscal year (total should reflect contributed amount provided in the previous question).

Source	Amount	Comments/Description
Government (local, regional, state and federal)	\$	
Individual Contributions / Memberships	\$	
Foundation Support	\$	
Corporate Support (Philanthropy)	\$	
Sponsorships	\$	
Tax Revenue	\$	
In-Kind Gifts (corporations, government, local arts agencies)	\$	
Special Events (gross)	\$	
Other (please describe)	\$	
<b>TOTAL CONTRIBUTED REVENUE</b>		<b>\$</b>

### 3K. YOUR ORGANIZATION'S VOLUNTEERS

Please provide the total number of volunteers and hours worked during the most recently completed fiscal year. Include time donated by board members, docents, ushers, etc.

Total Number of Volunteers	Total Hours	Description of Services Volunteered
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### 4. PROGRAMMING AND ATTENDANCE FOR YOUR ORGANIZATION

Identify the top five types of activity (based on attendance) that your organization offered in or around Mount Vernon, NY and Westchester County over the past year. Please include a complete street address for each venue

	Activity	Number of Performances / Events	Venue / Room name and address	Seating Capacity	Square footage (non-performance space)	Total Attendance
Activity 1	<input type="checkbox"/> Performance <input type="checkbox"/> Exhibition <input type="checkbox"/> Workshop/Class <input type="checkbox"/> Other					
Activity 1	<input type="checkbox"/> Performance <input type="checkbox"/> Exhibition <input type="checkbox"/> Workshop/Class <input type="checkbox"/> Other					
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Activity 1	<input type="checkbox"/> Performance <input type="checkbox"/> Exhibition <input type="checkbox"/> Workshop/Class <input type="checkbox"/> Other					

**5. YOUR FACILITIES****Please indicate additional facilities, technical and equipment which your organization uses regularly.**

<b>Facility Needs:</b>	<b>Check if you use regularly</b>	<b>Comments</b>
Storage	<input type="checkbox"/>	
Production	<input type="checkbox"/>	
Administrative Offices	<input type="checkbox"/>	
Rehearsal	<input type="checkbox"/>	
Stage (proscenium, arena, concert, etc.)	<input type="checkbox"/>	
Pit	<input type="checkbox"/>	
Gallery / Exhibition Space	<input type="checkbox"/>	
Classrooms	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

<b>Technical Needs:</b>	<b>Check if you use regularly</b>	<b>Comments</b>
Fly Galley	<input type="checkbox"/>	
Resilient Floor	<input type="checkbox"/>	
Other Technical Needs	<input type="checkbox"/>	

<b>Equipment Needs:</b>	<b>Check if you use regularly</b>	<b>Comments</b>
Sound	<input type="checkbox"/>	
Lighting	<input type="checkbox"/>	
Audio / Visual	<input type="checkbox"/>	
Other Equipment Needs	<input type="checkbox"/>	

**6. CURRENT AND FUTURE ORGANIZATIONAL NEEDS****6A. Please describe your current audience (demographics – hometown, age, income, etc.)**

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**6B. Do you have any audience development plans? If so, what are they and what is your timeline for realizing those plans?**

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**6C. Are you presently dealing with any programming and/or organizational issues?**

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**6D. What are your near term and long term organizational goals and needs?**

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**6E. What are your near term and long term artistic goals?**

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**6F. Do you have any additional comments or suggestions that you'd like to share?**

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**We appreciate your participation in this project.**

