

# ORGANIZATION PROFILE

Last Updated: \_\_\_\_\_

<b>LEGAL NAME:</b>	Federal Employer ID#:
<b>address:</b>	

*If applicable -- The above is a division/department of:* \_\_\_\_\_

Yr. Founded: \_\_\_\_\_ Fiscal Yr. Starts: \_\_\_\_\_ Ends: \_\_\_\_\_ Fed. Tax Status: \_\_\_\_\_ Year of SC Incorporation: \_\_\_\_\_

Name in which IRS determination letter was issued: \_\_\_\_\_

AKA: \_\_\_\_\_

**ARTISTIC FUNCTION(s)** - # by priority: \_\_\_ PRODUCING \_\_\_\_\_ PRESENTING \_\_\_\_\_ SERVICE \_\_\_\_\_ EDUCATION  
 \_\_\_ Other \_\_\_\_\_

**DISCIPLINE(s) EMPHASIZED** - # by priority: \_\_\_\_\_ Dance \_\_\_\_\_ Music \_\_\_\_\_ Opera \_\_\_\_\_ Theatre \_\_\_\_\_ Visual  
 \_\_\_\_\_ Design \_\_\_\_\_ Crafts \_\_\_\_\_ Photography \_\_\_\_\_ Media \_\_\_\_\_ Literature \_\_\_\_\_ Folk Arts

## ORGANIZATION MISSION STATEMENT

<b>Last Completed Fiscal Year:</b>	Total Expenses: _____	Accumulated Surplus: _____
	Total Income: _____	Accumulated Deficit: _____

## CURRENT STAFF/BOARD

Number of	Black/ African- American	Amer. Indian/ Alaska Native	Asian	Hispanic/ Latino	White	Native Hawaiian/ Pacific Islander	Totals
Full-Time Paid Professional Staff							
Full-Time Paid Other Staff							
Part-Time Paid Professional Staff							
Part-Time Paid Other Staff							
Volunteers							
Artists on staff/Group Members							
Board							
<b>TOTALS:</b>							

## SERVICE AREA PROFILE

SC City and County information is available at <http://quickfacts.census.gov/qfd/states/45000.html>

**SERVICE AREA:** Statewide \_\_\_\_\_ County(ies) list: \_\_\_\_\_  
 City \_\_\_\_\_ Community \_\_\_\_\_

**POPULATION:** Total# \_\_\_\_\_ % Change \_\_\_\_\_

_____ %Under 18 yr. old	_____ % 65 & Over	_____ %American Indian/Alaska Native
_____ %Black/African-American	_____ %Asian	_____ % Native Hawaiian/Pacific Islander
_____ %Hispanic/Latino	_____ %White	_____ % Bachelor's Degree or Higher 25 & over
_____ %High School Graduates 25 & over	_____ % Below poverty	_____ Persons per square mile
_____ Median Income		

Identify special populations served: \_\_\_\_\_

**Describe any Characteristics Unique to Area or Population Served:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ORGANIZATION PROFILE (cont'd)**

**ORGANIZATION NAME:**

**FACILITIES**

<i>Type of Space</i>	<i># of these spaces</i>	<i>Own, Rent, or In-kind?</i>	<i>Physical address if different than organization</i>	<i>Size/ Seating Capacity</i>

**Type of Space:** **W**=Workshop/Classroom; **M**=Meeting Rm, **E**=Exhibition Space; **G**=Gallery; **P**=Performance Space; **O**=Office; **S**=Artist Studio

**Asterisk any facilities above that are NOT accessible to persons with disabilities**

**In the space below, summarize inadequacies and/or changes planned within next 5 years, specifically related to staffing, facilities, and technology acquisition.**