



**Art & Entertainment Districts
Annual Report
(Fiscal Year 2009)**

District Name	
County	Year Authorized (YYYY)
Certification Due (MM/DD/YYYY)	Expansion Granted (MM/DD/YYYY)
Managing Entity	
Tax Exempt Number	
CONTACT PERSON	BOARD CHAIR
Name	Name
Title	Address
Address	City
City	State - MD
State - MD	Zip Code
Zip Code	Phone
Phone	Mobile
Mobile	Email
Email	Fax
Fax	

For the period of July 1, 2008 - June 30, 2009, please complete and/or update the following:

I. NARRATIVE – RELATE TO SPECIFIC GOALS IN MANAGEMENT PLAN, IF APPLICABLE

1. Describe FY 2009 accomplishments from work plan (new arts initiatives, artist live/work space, events, promotions, etc.). Include status if project is underway but not complete.
2. List FY 2010 goals (openings, acquisitions, programs, etc.).
3. Did any new retailers/shops open in FY 2009? Yes No
If yes, list the name of each separately:
4. Did any retailers close or move in FY 2009? Yes No
If yes, list the name of each separately:
5. Did any new restaurants open in FY 2009? Yes No
If yes, list the name of each separately:

6. Did any restaurants close or move in FY 2009? Yes No

If yes, list the name of each separately:

7. Did you launch any new events or promotions in FY 2009? Yes No

If yes, list the name of each separately:

8. Did you install/coordinate any public art projects in FY 2009? Yes No

If yes, list the name and location of each separately:

9. Did you complete any capital projects in FY 2009? Yes No

If yes, list the name and location each separately:

II. TAX DISTRICT BENEFIT INFORMATION & UTILIZATION

1. Do you maintain an artist registry? Yes No

If yes, please provide the Total Number of Artists Registered:

Total Number of Artists Registered in FY 2009:

If no, please estimate the Total Number of Artists:

2. Do you have an artist relocation program? Yes No

If yes, list the number of artists relocating to the district during FY 2009:

3. Were any businesses eligible for abatement of the Admission and Amusement tax? Yes No

If yes, list each separately:

4. Do you know if any property tax credits were applied for? Yes No

If yes, list each developer separately:

5. Estimated District Occupancy Rate:

Storefront/Commercial	_____	%	<input type="checkbox"/> N/A
Residential (live/work)	_____	%	<input type="checkbox"/> N/A
Industrial	_____	%	<input type="checkbox"/> N/A
Mixed Use*	_____	%	<input type="checkbox"/> N/A

*A combination of residential, commercial, industrial, office, institutional, or other land uses on the same site.

6. Are there any additional incentives by city/county? Yes No

List additional incentives for artists:

List additional incentives for developers:

List any other additional incentives:

7. Does your district have a website? Yes No

If yes, please list URL address:

If yes, please indicate features:

- On-line events calendar
- Artist registry
- Map
- Press room
- Artist income tax information
- Developer property tax information/application
- Other – specify:

8. Arts & Entertainment Enterprises – please list each separately.

Type	Name	Annual Attendance
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Galleries/Coops

Performance Venues

Museums

Arts Education

Arts Organizations

Public Art

Suppliers/Service

Other

9. Artist Housing – please list each separately.

Name	# of Units	Developer
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10. Special Events & Festivals – please list each separately.

Name of Event	Date	Estimated Attendance
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III. MSAC/STATE/OTHER PUBLIC FUNDING

1. Did you apply to MSAC for a grant in FY 2009? Yes No

If yes, please list each grant program and grant amount separately:

2. Did you have events funded in whole or in part by a MSAC grant in FY 2009? Yes No

If yes, list the name and date of each event separately:

3. List of state awards/grants in FY 2009:

ENTITY	APPLICATION SUBMITTED	AWARD/GRANT AMOUNT
Maryland Main Street	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Heritage Areas Authority/Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Department of Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Department of Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Capital Bond	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Other – Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Other – Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

4. List of local awards/grants in FY 2009 – please list each award/grant separately:

ENTITY	AWARD/GRANT AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

5. List of federal or national awards/grants in FY 2009:

ENTITY	APPLICATION SUBMITTED	AWARD/GRANT AMOUNT
National Endowment for the Arts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
National Trust for Historic Preservation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Other – Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Other – Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

6. Describe any challenges or issues encountered in the past year. Indicate if resolved or not.

Technical:

Administrative:

Logistics:

Funding:

Other:

7. District Stakeholders/Partners (i.e., arts council) - please list each separately:

8. Evaluation – Please provide feedback on how MSAC could improve the program; how MSAC could strengthen services to our program or the program in general. Please include technical assistance topics.

Board Development:

Financial Management:

Fundraising:

Other:

I certify that all information contained in this report is true and accurate.

Signature _____

Printed Name _____

Title _____ Date _____