## Klamath County Tourism Grant Traditional - Final Report

Please provide the following information and submit with your final drawdown request. 20% of the grant is withheld until we receive the final report.

| Closed-Circuit Technology Project/\$7,000 | June, 2017 (ongoing)                                             |   |
|-------------------------------------------|------------------------------------------------------------------|---|
| Title of Project / Funds Awarded          | Date of Event/Project                                            |   |
| Ross Ragland Theater                      |                                                                  |   |
| Name of Organization                      | Submit Report to:                                                |   |
| Mark McCrary Contact Person               | Tourism Grant Coordinator Klamath County Finance 305 Main Street |   |
| 218 N. 7 <sup>th</sup> Street<br>Address  | Klamath Falls, OR 97601<br>541-883-4202                          |   |
| Klamath Falls, OR 97601                   |                                                                  | _ |
| City, State, Zip                          |                                                                  |   |
| (541) 884-0651 ext. 116                   |                                                                  |   |
| Phone Number                              |                                                                  |   |

1. For an event, provide a detailed list of all marketing materials and an electronic version of the material on a CD. (Including audio or video recordings.) For an infrastructure project, provide photographic evidence of the project (before and after pictures), design and supportive materials on a CD.

This was an infrastructure project to expand regional programming and marketing through closed-circuit technology (digital cinema projection) that brings together high-quality broadcast feed to show on a large screen in the Theater. The programs available are only through licensed distributors and not available to the general public online or through any other venue.

The grant was for a cinema quality projector and projection screen to provide the quality equipment required for the broadcasts. The projector and screen were purchased but the projector was not of the correct configuration for the variety of programming we are seeking and was returned. The screen was kept and will be installed once the correct projector arrives.

2. Detail the matching funds expended and provide proof of their expenditure Projector SuperStore Christie HD14K-M 3DLP 1080 P 12K ANSI Projector \$23,659 Christie ILS Lens 1.5-2.0SX+, 1.4-1.8HD Projector SuperStore \$4.165 Christie Twin HDMI Input for M Series \$1,245 Projector SuperStore Garon Lee Sound 60ft Wide x 27ft High White Muslin Screen \$5.547 \$503.74 Garon Lee Sound Shipping

(For proof see attached)

- 3. Update budget forms (see attached)
- 4. Where did you spend marketing dollars?

No marketing dollars were spent for this infrastructure project. Infrastructure costs exceeded grant amount.

5. What part of your marketing efforts were most successful and least successful? For infrastructure projects, what parts of your project were most successful and least successful?

The most successful parts of this project to date was 1) the ability to identify more programs that cater to the needs of a regional community in education, arts and business 2) leverage the tourism grant with local financial support through donors and 3) work directly with an equipment distributor for trouble-shooting and installation of the new system. The least successful aspect was that we did not originally have the guidance of a distributor/installer to implement the project in the way that maximizes local and regional resources. This,

however, has been resolved and the new system should be installed in January 2018. All funds have been

spent and we are waiting for the new equipment to arrive.



A Subsidiary of CCS Presentation Systems

17350 N. Hartford Drive Scottsdale, AZ 85255 (480) 348-0100 fax (480) 348-0101 Visit us online at: www.projectorsuperstore.com

Order No.: Order Date: Account Rep:

Customer ID:

1003249

6/27/2017 CHRIS BYRNE

400740

Quote

Billing Questions? Contact us at:

billing@projectorsuperstore.com

BILL TO: THE ROSS RAGLAND THEATER ATTN: TECHNICAL DIRECTOR 218 N 7TH ST

KLAMATH FALLS OR 97601

**UNITED STATES** 

SHIP TO: THE ROSS RAGLAND THEATER ATTN: TECHNICAL DIRECTOR 218 N 7TH ST

KLAMATH FALLS OR 97601

**UNITED STATES** 

|     | CUSTOMER P.O. NO.                                    | TERMS                  |      |             | CONTACT            |                |
|-----|------------------------------------------------------|------------------------|------|-------------|--------------------|----------------|
|     | CC                                                   | CREDIT CARD            |      | BYRNE CHRIS | ,chris@projectorsu | perstore.com   |
|     | FOB POINT                                            | SHIPPING TERMS         |      |             | SHIP VIA           |                |
|     |                                                      |                        |      |             | GROUND             |                |
| ١٥. | ITEM                                                 |                        | QTY. | UOM         | PRICE              | EXTENDED PRICE |
|     | 118-019101-04: CHRISTIE HD14K<br>PROJECTOR (NO LENS) | M 3DLP 1080P 12K ANSI  | 1.00 | EACH        | 23,659.00          | 23,659.00      |
|     | 118-100112-01: CHRISTIE ILS LEN                      | 1.00                   | EACH | 4,165.00    | 4,165.00           |                |
|     | 108-311101-01: CHRISTIE TWIN H                       | DMI INPUT FOR M SERIES | 1.00 | EACH        | 1.245.00           | 1,245.00       |

| Sales Total: | 29,069.00  |
|--------------|------------|
| Tax Total:   | 0.00       |
| Total (USD): | 29,069.00  |
|              | Tax Total: |



118 Hamilton Road Jacksonville, OR 97530 Voice: (541) 899-1314 DATE 8/17/2017 INVOICE #

3879

# **Invoice**

|   | BILL TO                                                                                    |
|---|--------------------------------------------------------------------------------------------|
|   | Ross Ragland Theatre<br>Steve Ayola<br>218 North 7th Street<br>Klamath Falls, Oregon 97601 |
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| PROJECT       |  |
|---------------|--|
| Sales/Install |  |

| QUANTITY | DESCRIPTION                                                                                                              | RATE     | AMOUNT   |
|----------|--------------------------------------------------------------------------------------------------------------------------|----------|----------|
| 1        | G:TR16-267OR: 60ft Wide x 27ft High White Muslin IFR(Poly) Scrim *Sewn Flat, Seamless, 12in OC Grommets, 5in Pipe Pocket | 5,547.00 | 5,547.00 |
| 1        | Shipping                                                                                                                 | 503.74   | 503.74   |
|          |                                                                                                                          |          |          |
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TOTAL

\$6,050.74



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| Liruc                                                                                                                                            | k lines, li                                      | nc.          | (555) 5 12 5555      | ww          | /w.peni      | insulatruck.co              | m                                                |           |           |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------|----------------------|-------------|--------------|-----------------------------|--------------------------------------------------|-----------|-----------|--|--|
| TRAILER                                                                                                                                          | ROUTE                                            | TYPE BILL    | DATE                 | ORIG.       | DEST         | US DO                       | T HAZMAT REG NO.                                 |           |           |  |  |
| 57                                                                                                                                               | 18 401                                           | P            | 07/10/17             | 5           | 4            | 060214                      | 558 082W                                         | PRO       | 522965617 |  |  |
| OUR REV.                                                                                                                                         | ADV, CHGS.                                       |              | BEYOND CHGS.         | C.O.I.      | 5.           | 393371                      | 945                                              | BILL TO   |           |  |  |
|                                                                                                                                                  |                                                  |              |                      | (           | 0.00         | PREPAII                     | PREPAID                                          | - MANAGER |           |  |  |
| \$ 218                                                                                                                                           | RAGLAND<br>N 7TH ST<br>ATH FALLS,0<br>941 734.58 | R 9          | 7601<br>00           |             |              | 5337-<br>E VENDO            | SUPPLY CHA<br>A NE COUR<br>DR # 1066<br>AND,OR 9 | IER CT    | ONS       |  |  |
| NO. PCS.                                                                                                                                         |                                                  | DESCRI       | PTION OF ARTICLES AN | D MARKS     |              |                             | WEIGHT                                           | RATE      | FREIGHT   |  |  |
| 1 PLT PROJECTOR LENS RESIDENTIAL DELIVERY LIFTGATE DELIVERY 1-30x30x42 W81896 RESI/LIFTAGTE NOT QUOTED ** MINIMUM CHARGE ** ** FUEL SURCHARGE ** |                                                  |              |                      |             |              |                             |                                                  |           |           |  |  |
| 1                                                                                                                                                | ** ACCOUN                                        | TS RI        | L TOTAL * CCEIVABLE  | **          | PREPA        |                             | 105                                              |           | р         |  |  |
| HPR NO                                                                                                                                           | TE:CONSIGNE<br>THANK YOU -                       | E MUS<br>OUR | GOAL IS T            | AME<br>O EX | LEGI<br>CEED | BLY WHEN<br>YOUR EX         | SIGNING I<br>PECTATION:                          | FOR SHPMT |           |  |  |
| L                                                                                                                                                | OCAL TELEPHONE                                   | NUMB         | ER                   |             |              |                             |                                                  |           |           |  |  |
|                                                                                                                                                  | 1-800-800                                        | -0461        | -                    |             |              |                             | G ALL MAJO                                       |           | CARDS     |  |  |
|                                                                                                                                                  |                                                  |              |                      |             |              | ALL EXCEPTIONS OR NOTATIONS |                                                  |           |           |  |  |

MUST BE NOTED ON CARRIER COPY

## Klamath County Tourism Grant Application Project Budget

|                                | Committed | Pending | Total  | Actual     | Comments/Explanations |
|--------------------------------|-----------|---------|--------|------------|-----------------------|
| INCOME                         |           |         |        |            |                       |
| Tourism Grant Request          |           | 25,000  | 25,000 | 7,000      |                       |
| Cash Revenues -                |           |         |        |            |                       |
| Rod Bell Fund                  | 20,000    |         | 20,000 | 20,000     |                       |
| Individual Donor               | 5,000     |         | 5,000  | 5,000      |                       |
| Source:                        |           |         |        |            |                       |
| Total Cash Revenues            | -         | 4       | 2      | 2          |                       |
| In-Kind Revenues:              |           |         |        |            |                       |
| Source:                        |           |         |        |            |                       |
| Source                         |           |         |        |            |                       |
| Source:                        |           |         |        |            |                       |
| Total In-Kind Revenues         | #         | -       |        |            |                       |
| Total Revenue                  | 25,000    | 25,000  | 50,000 | 32,000     |                       |
|                                |           |         |        |            |                       |
| EXPENSES                       | - 1       |         |        |            |                       |
| Cash Expenses -                |           |         |        |            |                       |
| Personnel costs                |           |         |        |            |                       |
| Marketing costs                |           | 6,646   | 6,646  | 0          |                       |
| Rentals                        |           |         |        |            | •                     |
| Supplies                       | ļļ.       |         |        |            |                       |
| Closed-circuit hardward/screen | 25,000    | 18,354  | 43,354 | 35,119.74  |                       |
| Other:                         | ļI        |         |        |            |                       |
| Other:                         |           |         |        |            |                       |
| Other:                         |           |         |        |            |                       |
| Total Cash Expenses            | э.        | -       | -      |            | et                    |
| In-Kind Expenses               |           |         |        |            |                       |
| Labor                          |           |         |        |            |                       |
| Marketing costs                | 1 1       |         |        |            |                       |
| Other:                         |           |         |        |            |                       |
| Other:                         |           |         |        |            |                       |
| Other:                         |           |         |        |            | 55                    |
| Other:                         | ļļ.       |         |        |            |                       |
| Total In-Kind Expenses         |           | -       | 5#1    | X <b>€</b> |                       |
| Total Expenses                 | 25,000    | 25,000  | 50,000 | 35,119.74  |                       |
| Net Income <expense></expense> | 2         |         | 22     | - SE       |                       |

### **NOTES**

Be as specific as possible; provide explanation to help clarify budget items
Use the "Actual" column when preparing your final report; submit this form with the final report
Use additional space or lines if necessary to provide complete information
Value all volunteer labor at \$10.00 per hour for in-kind revenues and expenses.

#### Klamath County Tourism Grant Application Marketing Budget Form

|                                        | Committed | Pending | Total | Actual | Comments/Explanations                      |
|----------------------------------------|-----------|---------|-------|--------|--------------------------------------------|
| CASH INCOME                            |           |         |       |        |                                            |
| Tourism Grant Request                  | i i       |         | 6,646 | 0      |                                            |
| Other Sources                          |           |         |       |        |                                            |
| Total Revenue                          | :-        | :*:     |       | r ex   |                                            |
| CASH EXPENSES                          | 1 1       |         |       |        |                                            |
| Advertising                            | 1 1       |         |       |        |                                            |
| Print                                  |           |         |       |        |                                            |
| Facebook; Instagram                    |           | 4,646   | 4,646 | 0      |                                            |
| Other Internet                         |           |         |       |        |                                            |
| Other                                  | İ         |         |       |        |                                            |
| Total Advertising                      |           |         | =     | (#A    |                                            |
| #2500 rack cards, 500 table cards      |           | 2,000   | 2,000 | 0      |                                            |
| Postage                                |           |         |       |        |                                            |
| Misc/Other (Explanation Req'd): Other: |           |         |       |        |                                            |
| Other:                                 |           |         |       |        |                                            |
| Other:                                 |           |         |       |        |                                            |
| Other:                                 |           |         |       |        |                                            |
| Total Miscellaneous/Other              | - 1       | -       | 2     | - 2    |                                            |
| Total Expenses                         | 100       | 6,646   | 6,646 | 0      | Infrastrucutre costs exceeded grant amount |
| Net Income <expense></expense>         |           | -       |       |        |                                            |

#### **NOTES**

Do not include any non-cash items as they are not eligible in determining the matching contribution requirement. Be as specific as possible; provide explanation to help clarify budget items

Use the "Actual" column when preparing your final report; submit this form with the final report

Use additional space or lines if necessary to provide complete information

Value all volunteer labor at \$10.00 per hour for in-kind revenues and expenses.

# DRAWDOWN REQUEST FORM

# **KLAMATH COUNTY TOURISM GRANT PROGRAM**

Please complete and submit this form to Amanda Blevins, Tourism Grant Coordinator at the address listed below to

| receive your grant funds.                                                                                 |                         |                                 |
|-----------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------|
| Ross Ragland Theater                                                                                      | Amount o                | of Award: \$_7,000              |
| Name of Organization                                                                                      |                         | 7,1000                          |
| 218 N. 7th Street                                                                                         |                         |                                 |
| Address                                                                                                   |                         |                                 |
| Klamath Falls, OR 97601                                                                                   |                         |                                 |
| City, State, Zip                                                                                          |                         |                                 |
| Mark R. McCrary Contact Person                                                                            |                         |                                 |
| (541) 884-0651                                                                                            |                         |                                 |
| Phone Number                                                                                              | -                       |                                 |
| 93-1006823                                                                                                |                         |                                 |
| Federal Tax ID # or SSN                                                                                   |                         |                                 |
| Closed Circuit Technology Project                                                                         |                         |                                 |
| Title of Project                                                                                          |                         |                                 |
| Balance of Award:                                                                                         | \$ 2,000                |                                 |
| Balance of Award.                                                                                         | \$_2,000                | 95                              |
| Drawdown Requested:                                                                                       | <u>\$ (2,000)</u>       | ₹                               |
| Remaining:                                                                                                | \$                      |                                 |
| I/We, the administrator(s) of this project, certify the services/supplies being billed in accordance with |                         |                                 |
| Signature                                                                                                 | Title                   | Date                            |
| Attach documentation to justify your request: (do receipts, quotes, estimates, etc.) The amount re        |                         |                                 |
| ✓ All or a portion of the awarded grant f                                                                 | unds may be drawn dov   | vn, as necessary.               |
| <ul> <li>Checks will be issued according to the</li> </ul>                                                | e County's usual Accou  | nts Payable schedule.           |
| <ul> <li>Amount requested must equal attached</li> </ul>                                                  | ed documentation (invoi | ice, receipts, canceled checks, |
| quotes, estimates, etc.)                                                                                  |                         |                                 |

Submit to: Klamath County Finance 305 Main Street Klamath Falls, OR 97601

Please contact Amanda Blevins at 541-883-4202 with any questions.



THE ROSS RAGLAND THEATER

ATTN: TECHNICAL DIRECTOR

KLAMATH FALLS OR 97601

BILL TO:

218 N 7TH ST

**UNITED STATES** 

A Subsidiary of CCS Presentation Systems 17350 N. Hartford Drive Scottsdale, AZ 85255 (480) 348-0100 fax (480) 348-0101

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Order No.: Order Date:

Account Rep:

Customer ID:

1003249

6/27/2017

**CHRIS BYRNE** 400740

Quote

Billing Questions? Contact us at:

billing@projectorsuperstore.com

SHIP TO: THE ROSS RAGLAND THEATER ATTN: TECHNICAL DIRECTOR 218 N 7TH ST KLAMATH FALLS OR 97601 **UNITED STATES** 

|     | CUSTOMER P.O. NO. TERMS CC CREDIT CARD               |                          | CONTACT  BYRNE CHRIS,chris@projectorsuperstore.com |      |           |                |
|-----|------------------------------------------------------|--------------------------|----------------------------------------------------|------|-----------|----------------|
|     |                                                      |                          |                                                    |      |           |                |
|     | FOB POINT                                            | SHIPPING TERMS           |                                                    |      | SHIP VIA  |                |
|     |                                                      |                          |                                                    |      | GROUND    |                |
| NO. | ITEM                                                 |                          | QTY.                                               | UOM  | PRICE     | EXTENDED PRICE |
| 1   | 118-019101-04: CHRISTIE HD14K<br>PROJECTOR (NO LENS) | -M 3DLP 1080P 12K ANSI   | 1.00                                               | EACH | 23,659.00 | 23,659.00      |
| 2   | 118-100112-01: CHRISTIE ILS LEI                      | NS 1.5-2.0SX+, 1.4-1.8HD | 1.00                                               | EACH | 4,165.00  | 4,165.00       |
| 3   | 108-311101-01: CHRISTIE TWIN F                       | IDMI INPUT FOR M SERIES  | 1.00                                               | EACH | 1,245.00  | 1,245.00       |



118 Hamilton Road Jacksonville, OR 97530 Voice: (541) 899-1314 DATE 8/17/2017 3879

# Invoice

| BILL TO                                                                                    |
|--------------------------------------------------------------------------------------------|
| Ross Ragland Theatre<br>Steve Ayola<br>218 North 7th Street<br>Klamath Falls, Oregon 97601 |

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Net 20

PROJECT
Sales/Install

| QUANTITY | DESCRIPTION                                                                                                              | RATE     | AMOUNT   |
|----------|--------------------------------------------------------------------------------------------------------------------------|----------|----------|
| 1        | G:TR16-267OR: 60ft Wide x 27ft High White Muslin IFR(Poly) Scrim *Sewn Flat, Seamless, 12in OC Grommets, 5in Pipe Pocket | 5,547.00 | 5,547.00 |
| 1        | Shipping                                                                                                                 | 503.74   | 503.74   |
|          |                                                                                                                          |          |          |
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**TOTAL** 

\$6,050.74



1-800-800-0461

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www.peninsulatruck.com ROUTE US DOT HAZMAT REG NO. DATE 07/10/17 5718 401 4 060214 558 082W PRO 522965617 393371945 OUR REV. ADV. CHGS. BEYOND CHGS. 0.00 PREPAID PREPAID UPS SUPPLY CHAIN SOLUTIONS 5337-A NE COURIER CT VENDOR # 1066 PORTLAND, OR 97218 ROSS RAGLAND 218 N 7TH ST PPER KLAMATH FALLS, OR 976 1273941 734.587.5000 97601 391138 NO. PCS. DESCRIPTION OF ARTICLES AND MARKS WEIGHT RATE FREIGHT PLT PROJECTOR LENS RESIDENTIAL DELIVERY 105 LIFTGATE DELIVERY 1 - 30x30x42W81896
RESI/LIFTAGTE NOT QUOTED
\*\* MINIMUM CHARGE \*\* \*\* FUEL SURCHARGE \*\*

\*\* FREIGHT BILL TOTAL \*\*

\*\* ACCOUNTS RECEIVABLE \*\* 1 PREPAID Ρ 105 SHPR NOTE: CONSIGNEE MUST PRINT NAME LEGIBLY WHEN SIGNING FOR SHPMT THANK YOU - OUR GOAL IS TO EXCEED YOUR EXPECTATIONS! LOCAL TELEPHONE NUMBER

ACCEPTING ALL MAJOR CREDIT CARDS

ALL EXCEPTIONS OR NOTATIONS

MUST BE NOTED ON CARRIER COPY