|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CULTURAL POLICY DEMOGRAPHICS** |  | **QUESTIONNAIRE** | **SPRING 2017** |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1 | **NAME OF ORGANIZATION:** |  Hudson Film Society |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
| 2 | **MAILING ADDRESS:** |  Box 1146, Hudson, QC J0P 1H0 |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
| 3 | **CONTACT:** | EMAIL: | clintward@videotron.ca | TELEPHONE: |   416 884 4762 |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
| 4 | **CONTACT PERSON:** |  Clint Ward |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
| 5 | **COMMUNICATIONS:** | WEBSITE: | Hudsonfilmsociety.ca | FACEBOOK |  yes |
|   |  |  | TWITTER: | n/a | NEWSLETTER |   yes |
|   |  |  | PINTEREST | n/a  | OTHER |  | n/a |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
| 6 | **STATUS:** | CHARITY |   |  | NOT-FOR-PROFIT: |  X |  | OTHER |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
| 7 | **MEMBERSHIP:** |   |   |   |   |   |   |   |   |   |   |
|   | ANNUAL MEMBERSHIP FEE: | $75.00 |  | FAMILY RATE: | $NO |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   | NUMBER OF PAID MEMBERS | 200 in season |  | NUMBER ON MAILING LIST | 200 |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   | NUMBER OF PROFESSIONALS  |  n/a |  SEMI-PROFESSIONALS |  n/a | GENERAL IINTEREST |  n/a |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
| 8 | **STRUCTURE: Committee** |  BOARD OF DIRECTORS NO |   | INFORMAL GROUP |  X | VOLUNTEER BASE |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   | NUMBER OF BOARD MEETINGS PER YEAR Committee Meetings are 9 |  | NUMBER OF MEETINGS PER YEAR |  |  |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   | DURATION OF BOARD: | YRS. Until resignation |  | ELECTION MONTH:  |  |  |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | **NUMBER OF STAFF** |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |
|   | FULL-TIME |  | PART-TIME: 1 projectionist |  | EVENT SPECIFIC: per screening |  | NONE: |  |   |
|   | PAID |  |  |  |  |  |  |  |  |  |  |   |
|   | OPERATE THROUGH VOLUNTEERS  |  YES: |  X |  NO: |   |  SOMETIMES: |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
| 9 | **PROGRAMMING:** |   |   |   |   |   |   |   |   |   |   |
|   | EVENTS: |  SHOWS |  9 screenings  | FESTIVAL |  3 ½ days | CONCERT |  NO |  EXHIBITIONS |  NO |  OTHER |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   |  |  WORKSHOPS |  No | LECTURES |  No | DEMONSTRATIONS |  No |  PERFORMANCES |  No |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   | SPECIFIC ANNUAL EVENT/S:  |  1 screening per month from September to April |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   |  |  | MONTH: |  September to April |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   |  |  | PLACE: |   Hudson Village Theatre |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
| 10 | **FINANCIAL STRUCTURE:** |   |   |   |   |   |   |   |   |   |
|   | MEMBERSHIP FEES |  $75.00 |  FEES FOR SERVICE: |  n/a |  ENTRY FEES:  |  n/a | GRANTS: |  n/a |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   |  DONATIONS: |  n/a |  TOWN |  0 | FUND RAISING: |  0 |  |  |  |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   | OPERATING BUDGET: UNDER $5,000 | UNDER $10,000 | UNDER $20,000 | Over $20,000 |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   |  |  |  | over $100,000 | over $250,00 | over $500,000 |  |  |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
| 11 | **SPACE** |   |   |   |   |   |   |   |   |   |   |   |
|   | DOES YOUR ORGANIZATION OWN A DEDICATED SPACE  |   | YES |  X | NO |  |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   | DOES YOUR ORGANIZATION REQUIRE A DEDICATED FACILITY / IF SO WHAT |    |
|   |   Yes – we need a theatre space |
|   |    |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   | CURRENT MEETING PLACE/S |   9 meetings in a Committee members house |
|   |  |  |  |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   | EVENT LOCATIONS: |  |   Hudson Village Theatre |
|   |   |   |   |    |
| 12 | **DOES YOUR ORGANIZATION REQUIRE ASSISTANCE WITH ANY OF THE FOLLOWING SERVICES:** |   |   |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   |  BOOK KEEPING |  No |  TRANSLATION |  No |  GRAPHIC DESIGN |  No |  |  |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   |  PHOTOGRAPHY |  No |  TECHNOLOGY |  No | WEB DESIGN/ MAINTENANCE |  No |  |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   |  ADVERTISING |  Financial assitance |  NEWSLETTERS |  No | RESOURCE INFORMATION |  No |  |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   | OTHER:  |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
| 13 | **DOES YOUR ORGANIZATION REQUIRE SPECIALIZED EQUIPMENT:** |   |   |   |   |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   |  X | YES |   | NO |  |  |  |  |  |  |  |   |
|   | IF SO, WHAT:  |  |  |  |  |  |  |  |  |  |   |
|   | Projector, Screen, BR Player, Amplifier, Speakers     |
|   |
|   |
| 14 | **HAS YOUR ORGANIZATION EVER APPLIED FOR A GRANT/S** |   |   |   |   |   |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   | YES |   |  | NO |  X |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   | IF POSSIBLE PLEASE NAME THE GRANT CONCERNED OR FINANCIAL SUPPORT |  |   |
|   |    |   |
|   |   |   |
|   | WERE YOU SUCCESSFUL |  |   |  |  |  |  |  |  |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
| 15 | **WHAT ARE THE CURRENT CONCERNS OF YOUR ORGANIZATION** |   |   |   |   |   |
|   | PLEASE LIST: | DECLINING MEMBERSHIP |  |  |  X |  | OTHER |  |   |
|   |  |  | INSUFFICIENT FUNDS |  |  |   |  | PLEASE LIST:  |
|   |  |  | LACK OF VOLUNTEERS |  |  |   |  |   |
|   |  |  | LACK OF DEDICATED SPACE |  |  |   |  |   |
|   |   |   | LACK OF SPACE/EQUIPMENT STORAGE |   |  X |   |   |   |   |
| **16** | **DOES YOUR ORGANIZATION RELY ON VOLUNTEERS FOR THE PROVISION OF SERVICES AND MANNING OF EVENTS** |   |
|   |  X | YES |   | NO |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   | HOW MANY VOLUNTERS OFFER THEIR SERVICES |   Up to 10 |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   | IS IT POSSIBLE TO CALCULTATE THE NUMBER OF 'VOLUNTEER HOURS' PER MONTH / YEAR? |  |  |   |
|   | Possible yes, but it has never been done |
|   |
|   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
| 17 | **IS YOUR ORGANIZATION ECONOMICALLY SUSTAINABLE** |   |   |   |   |   |   |
|   |  At the moment  | YES |   | NO |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   | IF SO, HOW |  | INCOME GENERATION X |
|   |  |  |  | SELF-SUFFICIENCY  |
|   |  |  |  | SECURED FUNDING |
|   |  |  |  | FUND RAISING ACTIVITIES |
|   |  |  |  | OTHER |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
| 18 | **IS YOUR ORGANIZATION PLANNING ANY COLLABORATIVE EVENTS OR ACTIVITIES WITH OTHER LOCAL GROUPS** |   |
|   |  X | YES |   | NO |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   | HAVE YOU BEEN INVOLVED IN ANY COLLABORATIVE ACTIVITIES IN THE PAST |  |  |  |   |
|   |   |  X | YES |   | NO |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   | IF SO, CAN YOU PLEASE LIST |  |  |  |  |  |  |  |  |   |
|   |  |  |  |  Greenwood |
|   |  |  |  | Nova |
|   |  |  |  |  Hawkesbury General HGospital |
|   |  |  |  |  Grannies for Africa |
|   |   |   |   |  Hudson Village Theatre |
|   | WAS THE EVENT/S SUCCESSFUL |   | YES X |   | NO |  |  |  |  |   |
|   | IF NOT, WHY NOT  |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   | IS YOUR ORGANIZATION OPEN TO FUTURE COLLABORATION AND SHARING |  |  |  |   |
|   | Yes |
|   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
| **19. WHAT DOES 'CULTURE' MEAN TO YOUR GROUP****To screen films that are above and beyond ‘pop’ film status** |
|  |
| **20** | **WHAT IS THE AIM OF THE ORGANIZATION** To continue to provide a film option in the theatre    |
|   |
|   |
|   |
| **21** | **WHAT ARE THE OBJECTIVES FOR ACHIEVING THIS****Increase and stabilize membership**      |
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| **23** | **WHAT IS YOUR VISION FOR THE FUTURE OF YOUR ORGANIZATION****To continue what we are all doing**  |
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|   |
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|   |
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|   |
| 24 | **WHAT IS YOUR VISION FOR THE FUTURE OF 'CULTURAL' HUDSON****To appreciate that the strength of Hudson is its ‘culture’ programming and to support and sustain it** |
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|   |
|   |
|   |
|   |
| 25 | **DO YOU HAVE A WISH LIST** |   |   |   |   |   |   |   |   |   |
|   |  X | YES |   | NO |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   | PLEASE LIST |   To enjoy some financial support from the Town of Hudson |
|   |  |  |  |
|   |  |  |   |
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|   |  |  |   |
|   |  |  |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
| **26** | **HOW DO YOU THINK THE TOWN CAN HELP YOUR ORGANIZATION** |  |  |  |  |   |
|   | Financial Support |
|   |
|   |
|   |
|   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
| **27** | **WHAT DO YOU EXPECT THE TOWN TO DO FOR YOUR ORGANIZATION** |   |   |   |   |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |
|   | Financial support and help with promotion of existing program |
|   |
|   |
|   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
| **28** | **IS THERE ANYTHING YOU WOULD LIKE TO ADD** |
|    |
|   |
| CONTACT INFORMATION: This was listed on page 1      |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |