

Oneida Nation Arts Program DAP Artist Development Award FINAL GRANT REPORT

Form also available on the website at: www.oneidanationarts.org

Requirement—30 days after the completed activity.

Applicant Information

Name:		
Address:		
City:	State:	Zip Code:
Daytime Phone (with area code):	E-mail:	
Art Discipline:		
Project Title:		
Project Start Date:	Project End Date:	
ONAP Grant Amount SPENT:		\$ _____

1. Please indicate the level of your cash match.
 - Grant matched with 50% cash and 50% in-kind (for every \$1 in grant money, 50¢ was earned/donated for the project).
 - Grant matched with more than 50% cash (for every \$1 in grant money, more than 51¢ was earned/donated for the project).
 - Grant matched with 100% cash (for every \$1 in grant money, \$1 was earned/donated for the project).

2. What were your sources of cash match? (check all that apply)
 - Dues
 - Donations/Scholarships
 - Applicant's Cash
 - Admissions
 - Other Grants
 - Fund Raising
 - Sales
 - Other _____

3. How many community people attended the event? _____

4. How many Oneida artists contributed? _____

5. What efforts were made to give recognition/credit to ONAP, Wisconsin Arts Board and the Oneida Tribe of Indians? (check all that apply)
 - Noted in printed materials
 - Signage at the event
 - Verbal thanks at a public event
 - Letters to elected officials
 - Other _____

Continue on next page

Oneida Nation Arts Program
DAP Artist Development Award FINAL GRANT REPORT

page 2

6. Please rate the overall success of the project. (10—extremely successful to 1—not very successful): _____

7. How did you evaluate your project? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Knowledge I gained (skills learned) | <input type="checkbox"/> Feedback from participants |
| <input type="checkbox"/> Increase in sales (number of sales) | <input type="checkbox"/> Increase in opportunities (made connections for future) |
| <input type="checkbox"/> Increase in visibility (number of people) | <input type="checkbox"/> Data Collections (counting, reviewing and analysis of records) |
| <input type="checkbox"/> Other _____ | |

8. Please give an example of what you learned or what you would do differently.

9. Why was this grant important to your community? (check all that apply)

- It provided me an opportunity to learn new things and develop new skills.
- It provided me a chance to do something that I wouldn't be able to do without the grant.
- It helped me share my talents and arts with the community.
- It beautified my community.
- It preserved and promoted my cultural heritage and identity.
- It generated other revenue for me.
- It helped me improve my business skills.
- It helped me gain visibility in my community.
- Other _____

Authorizing Signature

Date mm/dd/yy

(if using) Signature of Fiscal Sponsor

Date mm/dd/yy

Mail completed applications to: Oneida Nation Arts Program, P.O. Box 365, Oneida, WI 54155.