

**Oneida Nation Arts Program
DAP Artist Fellowship 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 <small>(with area code):</small>	E-mail:	

Grant Amount:	<u>\$1,000.00</u>
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1. What was the date(s) of your public performance/display that acknowledged ONAP, Wisconsin Arts Board and National Endowment for the Arts?

2. Please describe your public performance/display (Where was it? What did you do?)

3. How many community people attended the event?

4. What efforts did you use 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: