

Oneida Nation Arts Program Dollars for Art Program (DAP) Artist Development Award

The applications are for activities occurring usually October 1 through September 30th. For info call Gabrielle at (920) 490-3835 or email gmetoxe2@oneidanation.org

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 Request Amount: <i>(same as line 13 on the Project Budget Summary Page)</i>		\$ _____

1. Have you contacted the Oneida Nation Arts Program about this project prior to application?
 Yes No

2. Have you received DAP funding for a project similar to this proposal? If so, when did you receive funding?

3. Does this project have a public component? Yes No
Please describe your public component.

4. How will you market this information to the general public?

5. Are you (check all that apply):
 Under 18 years old
 Tribal Member, what is your Tribal Affiliation? _____

Signature of Applicant

Date mm/dd/yy

Signature of Parent or Guardian
(if applicant is under 18 years of age)

Date mm/dd/yy

Artist Development Awards

Please provide the following information in your application. All materials must be received by the deadline.

I. NARRATIVE – (up to two typed pages):

1. Provide a brief description of the proposed project including:

- a) What are you planning to do? When and where? And who is doing it?
- b) How are you growing artistically from this project?

2. How will this project benefit the Oneida community? (Why is this project necessary?)

3. If you have received DAP funding for a similar project:

- a) How will this strengthen your connection to the Oneida Community? or
- b) How does this project expand your learning from previous years?
- c) What will you do differently?

II. BUDGET WORKSHEETS AND SUMMARY PAGE

Please submit the budget summary and worksheet. Your income and expense total must be equal. Your ONAP grant should not exceed 50% of the total project expense. You must show a match of at least \$.50 per \$1 requested. And your ONAP grant request may not be used for food (Hospitality) or equipment (Capital Expenditure).

III. LABELED WORK SAMPLES

Visual Arts:	Five digital photographs on cd/dvd or pictures of art work
Literary Arts:	Five examples of writings, maximum of ten pages
Music:	Five minutes of performance on cd/dvd
Dance:	Five minutes of performance on cd/dvd
Theatre:	Five minutes of performance on cd/dvd

IV. SUPPORT MATERIALS (Optional)

1. Maximum of five Support Materials (such as: artist statement and resume, program brochures, artist materials, letters of support, etc.)
2. Five minute oral presentation about the project to the panel on the day of the grant review.

Submit the following (received or postmarked) by deadline:

Original and seven (7) **Copies** of: A) Application page, signed
B) Narrative, up to two pages
C) Budget Summary
D) Support Materials (optional)

AND six (6) **Copies** of: E) Work Samples

AND one (1) **Copy** of: F) Budget Worksheet

