

Oneida Nation Arts Program

DAP Community Award

FINAL GRANT REPORT

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

Requirement: Final grant report due 30 days after the completed activity. For info: Gabrielle (920) 490-3835 or email gmetoxe2@oneidanation.org

Applicant Information

Name of Organization:		Contact Person:	
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)

<input type="checkbox"/> Dues	<input type="checkbox"/> Donations/Scholarships	<input type="checkbox"/> Organizational Cash	<input type="checkbox"/> Admissions
<input type="checkbox"/> Other Grants	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Sales	
<input type="checkbox"/> 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)

<input type="checkbox"/> Noted in printed materials	<input type="checkbox"/> Signage at the event
<input type="checkbox"/> Verbal thanks at a public event	<input type="checkbox"/> Letters to elected officials
<input type="checkbox"/> Other _____	

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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"/> Audience survey | <input type="checkbox"/> Feedback from participants/instructors |
| <input type="checkbox"/> Pre-post testing | <input type="checkbox"/> Staff/board observations |
| <input type="checkbox"/> Focus groups | <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 educational/creative activities for children.
- It provided tourism activities, helping to build the economy.
- It provided family, friendly events.
- It beautified our community.
- It preserved and promoted our cultural heritage and identity.
- It generated other revenue for our organization.
- It allowed us to expand or improve our services.
- It helped us gain visibility in our community.
- It helped us reach out to new people in our 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.