

# Oneida Nation Arts Program

## DAP Community Award

### FINAL GRANT REPORT

Form available on the website at: [www.oneidanationarts.org](http://www.oneidanationarts.org)

Requirement: Final grant report due 30 days after the completed activity. If you have questions or concerns, call Sadie at (920) 490-3835 or email [swilson1@oneidanation.org](mailto:swilson1@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:	
<b>ONAP Grant Amount SPENT:</b>		<b>\$ _____</b>	

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
  - Organizational 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 \_\_\_\_\_

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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.

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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.