

**Oneida Nation Arts Program**  
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**""HKP CN'I TCPV'TGRQTV**

form also available on the web site at: [www.oneidanationarts.org](http://www.oneidanationarts.org)

Requirement - 30 days after the completed activity.

**Applicant Information**

BUA Y		
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'URGPV:</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/Sponsorships | 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:

