

Oneida Nation Arts Program

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''''HKP CN'I TCPV'TGRQTV

form also available on the web site at: www.oneidanationarts.org

Requirement - 30 days after the completed activity.

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'URGP V:		\$ _____	

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

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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