



Aboriginal Arts Development Awards

FINAL REPORT for SHARING TRADITIONAL ARTS ACROSS GENERATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM, WHICH MUST BE SIGNED. PLEASE TYPE OR PRINT VERY CLEARLY.

ALL SECTIONS ARE REQUIRED AND MUST BE COMPLETED.
DO NOT CHANGE OR REMOVE QUESTIONS FROM FINAL REPORT FORM.

Section 1 – Contact Information FILE # _____ GRANT YEAR: _____

RECIPIENT NAME: _____

CONTACT NAME: _____ TITLE: _____

IF DIFFERENT, CONTACT PERSON NAMED ON ORIGINAL APPLICATION: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____ OTHER _____

FAX: _____ WEBSITE: _____

Section 2 – Brief Project Description (*Who, what, when, where*) maximum 30 words

Section 3 – Project Activities

Describe the steps that were taken. Describe in detail any workshops, mentorship, and activities that occurred. Include a timeline indicating key events (Dates, Learning Objectives, General Tasks, People/Mentors Involved). Additional pages and support material can be attached.

***** Attach additional details where needed *****

Section 4 – Project Outcomes

- A.** Describe the project's contribution toward the creative and/or professional development of the grant recipient and/or other emerging Aboriginal artists. Describe if the project included the transmission of traditionally based arts skills and knowledge.
- B.** Describe challenges or changes to your originally proposed project plan, and the strategies you used to meet these challenges.
- C.** What unexpected benefits or learning resulted from this project?

Section 5 – Community Engagement (ALL SECTIONS ARE REQUIRED)

How many artists will be served by this project:

How many communities will be involved with this project:

Please list the First Nations/Aboriginal communities or bands that were served and/or involved with this project:

How many workshops were offered during this project (if applicable):

Where were the workshops offered, list cities/towns (if applicable):

How many people participated in the workshops (if applicable):

Age range of the main mentor(s) or workshops leaders:

- 19-35 36-45 46-55 56-65 66 and older Not applicable

Age range of the workshop(s) participants:

- 1-10 11-18 19-35 36-45 46-55 56-65
 66 and older Not applicable

OUTCOME SUMMARIES (Please check all those that apply):

- Increase training and artist participation
- Enhanced traditional arts activities
- Advance the work of artists practicing traditional art forms
- Support the transfer of artistic knowledge and skills between generations
- Enhance the network of artists practicing traditional art forms
- Other, please explain _____

REGION (where the project will take place):

- North Coast (including Haida Gwaii)
- Lower Mainland (including Fraser Valley)
- Central Coast (including West Coast and North end of Vancouver Island)
- North Interior (Prince George & North)
- South & Central Interior
- South Vancouver Island (Nanaimo & South)
- Other _____

ARTISTIC DISCIPLINES (Please check all those that will be included in the project):

- Visual
- Visual-Textiles
- Visual-Carving
- Music
- Dance
- Storytelling/Words
- Multiple-Disciplines

Please provide additional details about your specific art practice: _____

How did your relationship with the FPCC's Aboriginal Arts Development Awards program begin, or how did you hear about us? Check all that apply.

- Previous contact through someone else's funded project
- Word of mouth
- Social media
- Website
- Radio ad
- Met an FPCC employee at an event or workshop _____
- Other _____

Section 6 – Needs Assessment

Please provide your opinion or observations in relation to the questions asked. This information assists FPCC with planning and improving our services and programs.

1. **Indigenous Arts Landscape:** What artforms are strongest in your community? What trends or forces do you see influencing our art in a positive way?

2. **Challenges & Needs:** What challenges do you see artists facing? What other issues affect the arts in your community?

3. Do you see any of the following challenges or needs in your community?

- Reduced number of mentors who know/teach traditional artforms
- Environmental issues, that make it harder to find local traditional materials
- More funding is needed for individuals and organizations
- Making a living is competing with time for art creation
- No space or studio for creating art
- Expensive to buy materials
- Difficulty entering the market to sell artwork
- Unable to receive a price that matches artistic expertise & time spent on creating the art

4. **Solutions & Recommendations:** What would you like to see happen with the arts, and for the artists in your community? How do you think this could happen? What resources and support are needed? If there was unlimited funding available, how do you think our arts and artists could be supported?

5. Do you find any of the below options supportive to arts and artists in your community?

- A program or organization that sells authentic traditional materials to artists and wholesale items
- Micro grants that have a short turnaround time for individuals and organizations
- Multiple year funding (renewed if objectives were met and project is completed)
- A collaborative organization that provides space to the community for creating art
- Marketing, business skills, and teaching training offered

6. What would you like to see FPCC do to respond to your recommendations or identified solutions?

Section 7 – Personal & Artform Assessment

**This information assists FPCC with planning and improving our services and programs.
THESE QUESTIONS ARE FOR THE PRIMARY ARTIST/ MENTOR INVOLVED IN THE PROJECT.**

1. Do you engage in your art form for the benefit of your community? Yes No

If yes, why do you engage in your art form for the benefit of your community?

- Recreation/Personal Enjoyment Kinship Community Development
 Cultural Revitalization Cultural Preservation Cultural Identity
 Artistic Expression Other, please describe _____
-

2. How familiar are you with your art form?

- Extremely familiar Moderately familiar Somewhat familiar Slightly familiar
 Not at all familiar

3. How many people are you aware of who practice this art form?

- Many Some A Few None Do not know

4. How would you rate your skill level in the art form **before** the project being supported by the FPCC?

- Novice Beginner Intermediate Advanced Expert

5. How would you rate your skill level in the art form **after** participating in the project? (Has your skill level changed?)

- Novice Beginner Intermediate Advanced Expert

Comments: _____

6. How would you rate your cultural arts knowledge **before** the project?

- Novice Beginner Intermediate Advanced Expert

7. How would you rate your cultural arts knowledge **after** participating in the project? (Has your knowledge increased?)

- Novice Beginner Intermediate Advanced Expert

Comments: _____

8. How many hours a week do you spend practicing the art form since the project?

- Under 10 hours 10- 19 hours 20- 29 hours Over 30 hours
 Other _____

9. What level of income from do you receive from your art?

- No income (*you don't generate income from your art*)
- Quarter income (*25% of your income comes from your art, and 75% other sources*)
- Half income (*50% of your income comes from your art, and 50% other sources*)
- Three-fourths income (*75% of your income comes from your art, and 25% other*)
- Full income (*your art practice is your only source of income*)

10. If you answered no income, please indicate if any of the below reasons apply to you:

- I make traditional artwork that is not to be sold or exhibited outside my community
- I usually gift my artwork to community and family members
- I am an emerging or early career artist
- Other, please explain: _____

11. What is your level of satisfaction with the income your art generates?

- Very satisfied Somewhat satisfied Neutral Somewhat unsatisfied
- Very unsatisfied

12. Are business skills relevant to your arts practice? Yes No

13. How would you rate your level of business and marketing skills?

- Novice Beginner Intermediate Advanced Expert

14. What is your level of satisfaction from being an artist?

- Very satisfied Somewhat satisfied Neutral Somewhat unsatisfied
- Very unsatisfied

15. How many people directly benefited from your project? (artists, mentors, participants, etc.)

- 1 to 5 people 6 to 15 people 16 to 25 people 26 or more people

16. How many participants of your workshop/project do you estimate will continue to pursue learning more about the art form?

- 1 to 5 people 6 to 10 people 11 to 20 people 21 or 30 people
- 31 or more people Not applicable

17. Is your Indigenous language a part of the project? Yes No

If yes, how is this incorporated into the project? _____

Other comments or notes from the above questions:

Section 8 – Financial Information

AMOUNT OF ABORIGINAL ARTS DEVELOPMENT AWARD RECEIVED: _____

YEAR RECEIVED: _____

<u>PROJECT EXPENSES</u>	PROPOSED	ACTUAL	<u>PROJECT REVENUES</u>	PROPOSED	ACTUAL
ARTISTS' FEES/SALARIES (Names)	\$	\$	FIRST PEOPLES' CULTURAL COUNCIL	\$	\$
OTHER FEES/SALARIES (Names)	\$	\$	OTHER GRANTS	\$	\$
OTHER FEES/SALARIES (Names)	\$	\$	OTHER GRANTS	\$	\$
MATERIALS (Describe)	\$	\$	EARNED	\$	\$
TRAVEL (Describe)	\$	\$	PRIVATE	\$	\$
TECHNICAL EXPENSES (Describe)	\$	\$	IN-KIND CONTRIBUTIONS	\$	\$
ADMINISTRATION COSTS (Describe)	\$	\$	OTHER	\$	\$
OTHER	\$	\$	OTHER	\$	\$
OTHER			OTHER	\$	\$
OTHER	\$	\$	OTHER	\$	\$
TOTAL EXPENSES	\$	\$	TOTAL REVENUES	\$	\$

PROJECT SURPLUS/(DEFICIT)
= Actual Revenues – Actual Expenses

\$

NOTES:

Section 9 – Support Documentation

Ensure that you attach copies of the following items to this final report:

- A. Copies of images, photographs, video or other documentation, as well as printed material related to the project.
- B. List of title(s) of any work(s) produced through the project.
- C. List of any public presentations related to the project.

I consent to allowing FPCC to use photos and other documentation of my project for the organization's promotional and reporting purposes. Note: promotion of our work to funders and other stakeholders is important to the ongoing success of the program.

Yes **No** _____ **Initial**

Section 10 – Declaration

I do solemnly declare that, to the best of my knowledge, all information contained in this report is complete and true in every respect.

Print full name of applicant or contact person: _____

Signature of applicant or contact person: _____ Date: _____

Print full name of Chair/President/Authority: _____

Signature of Chair/President/Authority: _____ Date: _____