



# Indigenous Arts Program

## FINAL REPORT for COMMUNITY LAND-BASED ARTS

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)*

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### Section 3 – Project Activities

Describe the steps that were taken. Describe in detail any 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

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

**Section 5 – Community Engagement** \*All sections are required

How many artists were served by this project:

How many communities were involved with this project:

How many individuals were engaged in the knowledge transfer of Indigenous arts, culture and heritage?

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

What is your level of satisfaction with FPCC programs?

- Very satisfied       Somewhat satisfied       Neutral       Somewhat unsatisfied  
 Very unsatisfied

What was valuable?

What could be improved?

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:** *Check all that apply*

- Increase training and artist participation
- Enhance 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 practicing artists in the community or region
- Other, please explain \_\_\_\_\_

**REGION(S):** *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:** *Check all that are 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 Indigenous Arts 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 \_\_\_\_\_



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?

- Novice       Beginner       Intermediate       Advanced       Expert

5. How would you rate your skill level in the art form **after** 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** 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 INDIGENOUS ARTS PROGRAM GRANT RECEIVED: \_\_\_\_\_  
 YEAR RECEIVED: \_\_\_\_\_

<u>PROJECT EXPENSES</u>	PROPOSED	ACTUAL	<u>PROJECT REVENUES</u>	PROPOSED	ACTUAL
RENOVATION/REPAIR COSTS (Describe)	\$	\$	FIRST PEOPLES' CULTURAL COUNCIL	\$	\$
ARTISTS FEES (If hosting workshops) (Name)	\$	\$	OTHER GRANTS	\$	\$
CONTRACTOR'S FEES (Name)			OTHER GRANTS		
OTHER FEES (Describe) (Names)	\$	\$	EARNED	\$	\$
MATERIALS (Describe/List)	\$	\$	PRIVATE	\$	\$
TECHNICAL EXPENSES (Describe)			IN-KIND CONTRIBUTIONS		
EQUIPMENT RENTAL (Describe)	\$	\$	OTHER	\$	\$
OTHER	\$	\$	OTHER	\$	\$
OTHER	\$	\$	OTHER	\$	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>\$</b>	<b>TOTAL REVENUES</b>	<b>\$</b>	<b>\$</b>
			<b>PROJECT SURPLUS/(DEFICIT)</b> = 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: \_\_\_\_\_