

Attachment A: Instruments

Instrument 3. Annual Progress Report

OMB No. XXXX-XXXX. Date Approved xxxx. Expires XX/XX/XXX

1. What type of capacity-building project was supported at your organization through ArtsHERE? This may or may not have changed from your original application. Please select all that apply from the drop-down menu. (multi-select checkbox)

- Organizational needs assessment and/or equity planning assessments
- Strategic planning or logic model development and/or implementation
- Staff development or leadership training (such as cultural competency training for staff and/or those who develop and implement programming)
- Stakeholder- and/or community-engagement activities
- Field-based or community research that will help organizations to better document their commitment to equity as evidenced by their practices and programming and their relationship within communities
- Promotional and marketing activities
- Translation services to allow individuals with Limited English Proficiency (LEP) to participate in programmatic activities
- Other capacity-building activities [please specify]: _____ (500 characters maximum)

2. Please describe the capacity building project activities **supported by ArtsHERE** that your organization has completed in the past 12 months. (Open comment box) (3,300 characters maximum)

In your response, please consider the following prompt to inform your reflection:

- a. How, if at all, did these project activities relate to the arts or cultural programs and services already offered by your organization to underserved groups/communities?

3. What, if any, success(es) has your organization had with its capacity-building project in the past 12 months? (Open comment box) (3,300 characters maximum)
4. Describe any challenge(s) that your organization encountered with its capacity-building grant in the past 12 months. (Open comment box) (3,300 characters maximum)

In your response, please consider the following prompts to inform your reflection:

- a. How, if at all, did your organization address these challenges?
- b. How, if at all, did the challenge(s) influence your organization's ability to conduct your capacity-building project as planned?

5. How, if at all, has your organization's participation in ArtsHERE **strengthened and/or sustained** its arts and cultural programs and services in the past 12 months? (Open comment box) (3,300 characters maximum)

In your response, please consider the following prompts to inform your reflection:

- a. Describe who participated in your organization's arts or cultural programs and services. What, if any, relationship does your capacity-building project have with community engagement in arts/cultural experiences?
 - b. How has participation in ArtsHERE informed any strategies your organization uses to increase equitable access to the arts for underserved groups/communities?
 - c. How, if at all, has the participation of underserved groups/communities in your organization's arts and cultural programs and services changed over the past 12 months as a result of ArtsHERE?
6. How, if at all, have your experiences and learning in ArtsHERE **informed your activities or priorities** for the upcoming year? (Open comment box) (3,300 characters maximum)

PAPERWORK REDUCTION ACT STATEMENT

The public reporting burden for this collection of information is estimated at an average of two hours per response. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. We welcome any suggestions that you might have on improving the guidelines and making them as easy to use as possible. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: research@arts.gov, Attention: Reporting Burden. Note: Applicants/awardees are not required to respond to the collection of information unless it displays a currently valid U.S. Office of Management and Budget (OMB) control number. The OMB control number for this survey is OMB No. 3135-XXXX, which expires XX/XX/XXX.

