

Attachment A: Instruments

Instrument 7. Final Descriptive Report

OMB No. xxxx-xxxx. Date Approved xxxx. Expires xx/xx/xxxx

PART I: Project Narrative

In this section, please respond to each narrative question in the text fields provided below. You may cut and paste the answer into the form from another document, but please limit your response to the posted character limits. As you exit each text field, it will expand to show your entered text.

Within your narrative, please discuss the activities funded by your organization's ArtsHERE grant. Include any relevant web links to copies of programs, relevant news clippings, or other evidence of your accomplishments, including evidence of your acknowledgement of National Endowment for the Arts (NEA) and Regional Arts Organization (RAO) support.

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. (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 community engagement activities
 - ☐ Field or community research that will help organizations to better document their commitment to equity as evidenced within their practices and programming and relationship with their communities
 - ☐ Promotion 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)
2. Describe the capacity-building project activities that were supported by ArtsHERE. Please report solely on activities funded by your organization's ArtsHERE grant. These activities must be consistent with your organization's final application narrative, the approved project budget, and any approved amendments in accordance with your grantee agreement document. (3,300 characters maximum)
3. Did the project encounter any challenges that disrupted or otherwise hindered your organization's ability to conduct the project as planned? (Yes/No check box)
 - ☐ Yes
 - ☐ No

If yes, then please describe the challenge(s) and how you addressed them. (2,000 character limit)

4. Has ArtsHERE, including your participation in learning opportunities (i.e., e.g., monthly cohorts, one-on-one coaching, facilitated workshops), in any way strengthened and/or supported progress towards your organization's mission and goals?

☐ Yes

☐ No

☐ Unsure – please describe: (3,300 characters maximum)

- a. How, if at all, has your organization's participation in ArtsHERE informed its strategies to sustain or increase equitable access to arts and cultural programs and services for underserved groups/communities? (3,300 characters maximum)

5. To what extent has your organization increased engagement with underserved groups/communities as a result of ArtsHERE?

☐ Not at all

☐ To a small extent

☐ To some extent

☐ To a moderate extent

☐ To a large extent

- a. [If respondent selected "to some extent", "to a moderate extent", or "to a large extent" only] How, if at all, has the participation of underserved groups/communities in your organization's arts and cultural programs and services changed as a result of ArtsHERE? Please consider practices that relate to organizational capacity building and/or community engagement in arts and cultural programs in your response. (3,300 characters maximum)

6. Please describe any improvements to existing practices and programs or new practices and programs implemented with the support of ArtsHERE that your organization intends to continue after the grant period. Please consider practices that relate to organizational capacity building and/or community engagement in arts and cultural programs in your response. (3,300 characters maximum)

7. What early indications of change, if any, could your organization see by the end of your grant project? Select one or more of these early indications of change from the list below and briefly explain your selection(s) in the text box that follows. If none of these early indications are visible, please select "none."

☐ Increased overall organizational capacities due to participation in learning opportunities

☐ Acquired better or stronger connections between my organization and peers throughout the country

☐ Improved cultural strategies that engage communities my organization serves (cultural strategies may include ways in which your programs or services are centered in cultural activities, traditions, and identities).

- ☐ Gained deeper understanding of the different ways that communities my organization serves engage in the arts and cultural practice
- ☐ Strengthened my organization's capacity to sustain or increase engagement with underserved communities
- ☐ Accomplished or made significant progress toward self-identified goals from the beginning of the grant period
- ☐ Other – please describe: (500 characters maximum)
- ☐ None

a. Please explain your selection(s). Include any reflections on the degree and type of capacity change as well as any data or information that demonstrates the early indications of change identified above. (5,000 characters maximum)

8. Did any of your relationships with these key partners or others expand during the ArtsHERE performance period? If so, with whom and in what ways? (3,300 characters maximum)

Part II: Population Descriptors

Questions in this section are **for research purposes only**; your response will not be used in panel deliberations or in making funding decisions related to grant awards you may apply for in the future.

For the next section, please select all racial/ethnic groups of **people that your project intended to serve** directly. Then answer the follow-up questions.

9. Select all the racial/ethnic groups of people that your organization makes intentional efforts to engage. Select all that apply and enter additional details in the spaces below.

Racial/Ethnic Groups	
<input type="checkbox"/>	No specific Racial/Ethnic Group
<input type="checkbox"/>	American Indian or Alaska Native – <i>Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.</i> (open comment box) (500 characters maximum)
<input type="checkbox"/>	Asian – <i>Provide details below</i> <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i> (open comment box) (500 characters maximum)
<input type="checkbox"/>	Black or African American – <i>Provide details below</i> <input type="checkbox"/> African American <input type="checkbox"/> Nigerian <input type="checkbox"/> Jamaican <input type="checkbox"/> Ethiopian

	<input type="checkbox"/> Haitian <input type="checkbox"/> Somali <i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</i> (open comment box) (500 characters maximum)
<input type="checkbox"/>	Hispanic or Latino – <i>Provide details below</i> <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Dominican <input type="checkbox"/> Salvadorian <input type="checkbox"/> Guatemalan <i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i> (open comment box) (500 characters maximum)
<input type="checkbox"/>	Middle Eastern or North African – <i>Provide details below</i> <input type="checkbox"/> Lebanese <input type="checkbox"/> Syrian <input type="checkbox"/> Iranian <input type="checkbox"/> Iraqi <input type="checkbox"/> Egyptian <input type="checkbox"/> Israeli <i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i> (open comment box) (500 characters maximum)
<input type="checkbox"/>	Native Hawaiian or other Pacific Islander – <i>Provide details below</i> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Tongan <input type="checkbox"/> Samoan <input type="checkbox"/> Fijian <input type="checkbox"/> Chamorro <input type="checkbox"/> Marshallese <i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i> (open comment box) (500 characters maximum)
<input type="checkbox"/>	White – <i>Provide details below</i> <input type="checkbox"/> English <input type="checkbox"/> Italian <input type="checkbox"/> German <input type="checkbox"/> Polish <input type="checkbox"/> Irish <input type="checkbox"/> Scottish <i>Enter, for example, French, Swedish, Norwegian, etc.</i> (open comment box) (500 characters maximum)

10. Select all the age groups of people that your organization makes intentional efforts to engage.

Age Groups

<input type="checkbox"/>	No specific age group
<input type="checkbox"/>	Children/youth (0-17 years)
<input type="checkbox"/>	Young adults (18-24 years)
<input type="checkbox"/>	Adults (25-64 years)
<input type="checkbox"/>	Older Adults (65+ years)

11. When thinking about the underserved groups/communities your organization engages, please select the factors that limit their opportunities to benefit from arts programming. Check all that apply.

Underserved Groups/Communities	
<input type="checkbox"/>	Geography
<input type="checkbox"/>	Economic Status
<input type="checkbox"/>	Race or Ethnicity
<input type="checkbox"/>	Disability
<input type="checkbox"/>	Other limiting factor/s. Please describe: (Text boxes - 100)

12. Please select all the factors below that have limited opportunities for underserved groups/communities to benefit from arts programming in your project. Check all that apply.

Limiting Factors	
<input type="checkbox"/>	Access and representation: Barriers to accessing arts programming due to geographical location, economic constraints, or lack of representation within the arts sector. Limited access to arts institutions, museums, theaters, and galleries.
<input type="checkbox"/>	Financial barriers: Cost associated with participating in arts programming.
<input type="checkbox"/>	Cultural relevance: Arts programming that does not resonate with the cultural backgrounds and experiences of underrepresented communities. Lack of representation of diverse voices, stories, and art forms.
<input type="checkbox"/>	Educational disparities: Disparities in arts educational opportunities for underrepresented communities. Limited resources for arts education.
<input type="checkbox"/>	Systemic discrimination: Discrimination and bias within the arts sector for individuals from underrepresented communities, including limited opportunities for employment, exhibition, and recognition. Structural inequities within funding mechanisms, hiring practices, and artistic programming.
<input type="checkbox"/>	Language and communication: Language barriers; lack of materials and communications are provided in languages spoken by the community.
<input type="checkbox"/>	Transportation and infrastructure: Limited access for individuals to physically access arts venues and events.
<input type="checkbox"/>	Other limiting factor/s. Please describe: (1,000 characters maximum)

PAPERWORK REDUCTION ACT STATEMENT

The public reporting burden for this collection of information is estimated at an average of two and a half 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.