

2022 Healthy Communities: Arts, Culture, Play Grant

Alaska Community Foundation

Project Name*

Character Limit: 250

Question Group

What were the results of your project?*

Now that your project is complete, please reflect on ways in which your program made your community healthier and more vibrant.

Character Limit: 500

What were the unexpected successes of your project?*

Did your project result in any unexpected wins? Please share your experience.

Character Limit: 500

What did you learn from completing your project?*

Please reflect on what was gained for your organization by completing your project. What did you learn about your organization and/or community? How will this impact programs you provide in the future?

Character Limit: 500

Project Budget*

Please show us how the grant funds were spent.

Upload a copy of the project budget form used for the application including a final reporting of what grant funds were used for.

File Size Limit: 2 MB

Please provide a story that demonstrates the impact of this grant

Stories may be shared in ACF publications.

Character Limit: 2500

Share Photos of your Program

We strongly encourage you to share photos to help us better understand your project. Photos and videos can be uploaded here.

Thank you! Please contact ACF with any questions: (907)334-6700 or grants@alaskacf.org

Grant Program Feedback

Please provide any feedback you have for the ACF team about your experience in this grant program.

Character Limit: 1000

Participant Demographics

Populations Served

Please use the following demographic descriptions to indicate which populations you would mainly serve in utilizing this grant funding. You may pick one or more group in each question.

Participant Age Group*

Please indicate which age group or groups were most impacted by this grant.

Choices

0-5
6-17
18-25
26-65
65+
N/A

Participant Race/Ethnicity*

Please indicate which racial/ethnic group or groups were most impacted by this grant.

Choices

African American/Black
Alaska Native/Native American/Indigenous
Asian/Pacific Islander
Hispanic/Latinx
White/Caucasian/European
Multi-Racial/Multi-Ethnic
Other
N/A

Participant Demographic Comments

Please enter any other comments relating to the demographics questions above that you would like ACF to be aware of.

Character Limit: 2000

Board Demographics

Board Composition

ACF values organizations that demonstrate a commitment to diversity, inclusion, and equity as reflected by the individuals who serve as board members. Please use the demographic descriptors below to describe your board of directors.

We have Board Members who publicly self-identify as the following (Race & Ethnicity):*

Choices

African American/Black
Alaska Native/Native American/Indigenous
Asian/Pacific Islander
Hispanic/Latinx
White/Caucasian/European
Multi-Racial/Multi-Ethnic
Decline to State
Unknown

We have Board Members who publicly self-identify as the following (Gender):*

Choices

Female
Male
Non-Binary
Decline to State
Unknown

We have Board Members who publicly self-identify as the following (Sexual Orientation):*

Choices

Gay, Lesbian, Bisexual, Transgender, or other sexual orientations in the LGBTQIA+ community
Heterosexual or Straight
Decline to State
Unknown

We have Board Members who publicly self-identify as the following (Ability):*

Choices

Person with a disability
Person without a disability
Decline to State
Unknown

Board Demographic Comments

If the board currently do not reflect the people and communities you serve, please share the policies and procedures you have in place to promote equity, diversity, and inclusion in your organization. As you consider your response, please know that there are no "correct" answers.

Every organization is different and we recognize that advancing inclusion is an ongoing process that can be challenging, including for the Alaska Community Foundation. We are incredibly appreciative of your honest reflections.

Character Limit: 2000

Signature

By entering your name in the box below, you confirm that all information entered above is true to the best of your knowledge.

Digital Signature*

Please enter the name of the person authorizing this report.

Character Limit: 250

Job Title*

Please enter the job title of the person authorizing this report.

Character Limit: 250

Date of Signature*

Character Limit: 10