

# Art Recipient Six Month Report

Please take a moment to fill out the following progress report regarding artwork received through The Art Connection. Your feedback is important to us. Candid responses will enable us to refine our process and will not affect future placements. This report is required to complete your file and make you eligible for additional placements. Thank you!

## \* 1. Please provide the following information:

**Organization:**

**Contact Name:**

**Contact Title:**

**Address:**

**City/Town:**

**State:**

**ZIP Code:**

**E-mail address:**

## \* 2. Tell us about your placement visit:

Placement date

Number of works selected

## \* 3. Are all works installed and currently on view?

- Yes
- No

If not, please give a brief explanation:

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## 4. Art work placement checklist:

	Yes	No
Do all works have stickers attached behind them?	<input type="radio"/>	<input type="radio"/>
Do all works have plaques installed on the wall beside them?	<input type="radio"/>	<input type="radio"/>
Have you sent The Art Connection all signed deeds?	<input type="radio"/>	<input type="radio"/>
Have you sent each art donor a thank you note?	<input type="radio"/>	<input type="radio"/>

If you selected "No" to any of the above, please explain here:

## 5. Please tell us about any publicity that has been done surrounding your new collection of art from The Art Connection:

	Yes	No
Have you added a link to The Art Connection on your website?	<input type="radio"/>	<input type="radio"/>
Have you written a story about your new art in a newsletter?	<input type="radio"/>	<input type="radio"/>
Was there any media coverage about the placement?	<input type="radio"/>	<input type="radio"/>

If you have written a newsletter story or there was media coverage, please paste the link(s) here: (You may also email or mail it if you have not done so already.)

## \*6. Are you planning to host an Art Reception/ Open House?

- Yes
- No

If yes, please provide us with date (if applicable)

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## \*7. How long did the process from art pick-up to installation take?

- 1-2 months (or less)
- 3-4 months
- 5-6 months
- Still working on it

## \*8. Let us know about your experience getting your art donations framed.

	Yes	No
Were you able to get a discount on framing?	<input type="radio"/>	<input type="radio"/>
Would you recommend the framer you used?	<input type="radio"/>	<input type="radio"/>
What framer did your agency use?	<input type="text"/>	

## \*9. Were there any challenges in completing the process of receiving art?

- Yes
- No

If yes, please explain here:

## \*10. How has the donated art affected the agency? Check all that apply:

- Created a more attractive environment
- Stimulated dialogue
- Improved self esteem/pride of clients
- Improved self esteem/pride of staff
- Improved morale
- Stimulated creativity

Other (please specify)

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**\*11. Have you observed staff/clients making positive comments regarding the artwork?**

- Yes  
 No

**12. Upon receipt of this report, The Art Connection may be able to create a large color placard featuring all of your new art collection. We create these small laminated posters to highlight the art donation and placement program for your entire community. Placards include a quote from an agency contact and a quote from an artist whose work you selected. Would you be interested in receiving a placard from The Art Connection?**

- Yes  
 No

**\*13. Thank you for your interest in a placard. Please share a quote (from you, a client, or someone who participated in the art selection process) regarding the process of receiving artwork and/or how the artwork has transformed your agency.**

**\*14. Do you (and your clients/staff) continue to be happy with the artwork you selected?**

- Yes  
 No

Please explain:

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**\*15. Please rate your satisfaction with The Art Connection (1=low, 4 =high)**

- 1
- 2
- 3
- 4

Please explain your rating

**\*16. Is your agency interested in receiving additional artwork in the future?**

- Yes
- No

**17. If you know of any organizations you think might benefit from our program please provide a referral here:**

**Organization Name:**

**Contact Name:**

**Address:**

**City/Town:**

**Email Address:**

**Phone Number:**

**18. Thank you for taking time to complete this survey, your feed back is valuable to us. If you have other observations/comments please write them here:**