



MUSICBOARD RESIDENCY: FACTUAL REPORT

The factual report must be submitted by each Musicboard resident by the deadline specified in the scholarship agreement. It must be sent to funding@musicboard.berlin.de as a pdf file without further request through the Musicboard.

The following questionnaire is designed to document the course of the residency and the use of the funding. It is also intended to measure and evaluate the impact of the Musicboard. All information will be used for internal purposes only.

Please complete the following questionnaire in German or English. The answers must be given electronically in full sentences only.

Project number: _____ - _____ / 202__ (see scholarship agreement, section 1)

Applicant: _____

Artist Name: _____

Residency location: _____

RESIDENCY PROJECT

1. ARTISTIC PROJECT / max. 1.000 characters

What artistic project did you undertake during the residency (what, when, who, with whom)? Were you able to carry out your plans?

Musicboard Berlin GmbH

Im silent green Kulturquartier, EG links
Gerichtstraße 35, 13347 Berlin
T +49 30 221 84 89 80
info@musicboard.berlin.de
www.musicboard-berlin.de

Geschäftsführung: Marie von der Heydt
Vorsitzender des Aufsichtsrates: Joe Chialo
Berliner Sparkasse
IBAN: DE 97 1005 0000 0190 3767 16
BIC: BELADEVXXX
Sitz der Gesellschaft: Berlin
Amtsgericht Charlottenburg HRB 164060
USt-ID: DE298384373

2. REFLECTION ON ARTISTIC PROJECT / max. 1.000 characters

How do you assess the implementation of your artistic project during the residency? What went well, what could have gone better? To what extent could the goals from the application be achieved?

3. EVALUATION OF ARTISTIC PROGRESS / Please select the applicable option.

How strongly did the artistic quality of your music project improve due to the Musicboard residency?

extremely highly moderately slightly not at all

4. DOCUMENTATION / Please insert relevant links.

Did you produce any videos, sound material, or photos that have been published digitally as part of the residency?

Link 1: _____

Link 2: _____

Link 3: _____

Link 4: _____

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5. PROFESSIONAL DEVELOPMENT / Please select the applicable option.

Have the professional parameters of your project changed since your application was submitted and is there a connection to the residency?

	YES and was achieved through Musicboard's residency	YES but would have been achieved without the residency	NO
I / we have signed a label contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I / we were awarded prizes or awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My / our presence in the press has grown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My / our reach on social media has increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My / our income has increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The sales of my / our releases or performances have increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My / our number of performances or jobs have increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My / our networks have been strengthened and grown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My / our cooperations or collaborations have increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My / our professionalism has increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

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RESIDENCY LOCATION

5. HOST ORGANISATION / max. 500 characters

How do you generally evaluate the collaboration with the host organisation at the residency location?

6. RESIDENCY CONDITIONS / Please select the applicable option.

How do you evaluate the residency and the residency location from communication to equipment?

	Very good	Good	Average	Bad
Communication with the host organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payment of the project funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support from the host organisation on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment at the residency location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Networking possibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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7. CONTACT WITH THE RESIDENCY HOSTS / Please select the applicable option.

Are you still in contact with the host organisation and other partners at the residency location or do you plan to stay in touch?

Yes

No, because: _____

COLLABORATIONS & EXCHANGE

8. COLLABORATIONS / max. 500 characters

Did the residency lead to any collaborations with artists from the residency location? Do the collaborations still exist? If it was a tandem residency, how was the exchange and collaboration with the tandem partner?

9. INTERDISCIPLINARITY / Please select all applicable options, multiple answers are possible.

How inter- or transdisciplinary did you work? Please name with which of the following genres you were cooperating during your residency.

visual arts

performing arts

classical music, new music, jazz

film

games / virtual reality

literature

dance / performance

theatre

artistic research

media art

Other: _____

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10. PREPARATION & AWARENESS / Please select the applicable option.

Would you consider you were well prepared for the residency?

yes

rather yes

no

no assessment

11. TRANSCULTURAL EXCHANGE / Please select the applicable option.

Would you say that your awareness has improved through the exchange with the local music scene?

yes

rather yes

no

no assessment

EVALUATION

12. FEEDBACK & IMPULSES / max. 750 characters

How do you evaluate the funding process and communication with the Musicboard from application to reporting?
Are there any wishes or ideas that you would like to pass on to the Musicboard?

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