FY2014/2015
OHIO ARTS COUNCIL GRANT APPLICATION

ARTISTS WITH DISABILITIES ACCESS PROGRAM

PLEASE COMPLETE THIS APPLICATION, SIGN IT AND MAIL IT WITH YOUR SUPPORT MATERIALS TO:

VSA Ohio
77 South High Street, 2nd Floor
Columbus, Ohio 43215-6108

I release the OAC and its staff from any liability and/or responsibility concerning loss of or damage to materials submitted to the OAC whether or not such damage or loss is caused by negligence of the OAC or its staff. I understand that if I do not collect my support materials within one year from the date of this application that such materials will be discarded by the OAC.

I certify that I am not a student enrolled in a degree- or certificate-granting program of any kind, nor will I be such a student during the grant period that I am applying for. I certify that I will have been a resident of the State of Ohio for one year before the application deadline and will be such a resident during the grant period for which I am applying. I certify that all statements submitted to the OAC via this online or hard copy application are true and correct to the best of my knowledge. I understand that all of the information requested is not required by law; however all questions must be answered so the OAC can properly evaluate the proposal. Submission of this application signifies my intent to comply with all general and specific guidelines of the Ohio Arts Council and, where applicable, the National Endowment for the Arts, a federal agency.

SIGNATURE (ORIGINAL):

NAME - PRINT:

DATE OF APPLICATION:

I AM APPLYING AS (you must check one box)

☐ **Emerging Artist (funding up to $500, match not required)**

☐ **Professional Artist (funding up to $1,000, match not required)**

☐ **Organization (funding between $1,000 and $3,000; 1:1 match required)**

SUPPORT MATERIAL CHECKLIST

FOR INDIVIDUAL ARTISTS:

All artists must submit one complete set of support materials to the OAC along with work samples. Applications that do not include support materials will not be accepted.

☐ **I confirm that I am an artist with a disability.** *(This box must be checked in order for your application to be processed.)*

The following support materials are REQUIRED to review an application for individuals (emerging and professional.)

- ☐ **Artist Resume or Professional Biography (REQUIRED)** A list of exhibitions, performances or publications in the past five years must be included with the resume or biography.

- ☐ **Work Samples. (REQUIRED)** The artist must submit samples of his or her own work (DVDs, VHS tapes, audio cassettes, audio CDs, digital images, color slides, or photographs) demonstrating artistic quality and technical ability. Work should not be more than five years old.

- ☐ **At Least One Letter of Support for the Artist (REQUIRED)** A letter of support must be from someone who is knowledgeable about the artist and his or her work. This letter can be submitted by an employer, owner of space that has exhibited or presented the artist's work or other community members close to the artist

- ☐ **Resume of proposed teacher, consultant or assistant. (IF APPLICABLE)** If applying to participate in a class, a resume of the instructor must be included.

- ☐ **Materials from proposed class, conference or workshop. (IF APPLICABLE)**

SUPPORT MATERIAL CHECKLIST

FOR ORGANIZATIONS:

All organizations must submit one complete set of support materials to the OAC along with work samples. Applications that do not include support materials will not be accepted.

The following support materials are REQUIRED to review an application for organizations.

- ☐ **Artist Resume(s) or Professional Biography(ies) (REQUIRED)** for the artist/s who will benefit from the grant activities. A list of exhibitions, performances or publications the artist has participated in within the past five years must be included with the resume or biography.

- ☐ **Work Samples. (REQUIRED)** The organization must submit work samples for the artist (s) who will benefit from the grant activities. Samples must be of the artist (s) own work (DVDs, VHS tapes, audio cassettes, audio CDs, digital CDs, color slides, or photographs) demonstrating artistic quality and technical ability. Work should not be more than five years old.

- ☐ **At Least TWO Letters of Support, one for the artist(s) and one for the organization. (REQUIRED)** A letter of support for the artist(s) must be from someone who is knowledgeable about the artist(s) and his or her (their) work. A letter of support for the organization should be from someone who is knowledgeable about the organization's work with the specific artists who are referenced in the application's narrative. These letters should be submitted by a staff member at an organization who directly works with the artist(s). Another letter could be from an employer, owner of a business that has exhibited or presented the artist's work or a community member who is close to the artist and can attest to the artist's commitment to art-making and artistic potential.

- ☐ **Resume of proposed teacher, consultant or assistant. (IF APPLICABLE)** If applying to participate in a class, a resume of the instructor must be included.

- ☐ **Materials from proposed class, conference or workshop. (IF APPLICABLE)**

PROFILE

PLEASE PROVIDE THE FOLLOWING INFORMATION

Name/Organization	
Mailing Address	
City, State, Zip	
County	
Business Phone	
Fax	
Home Phone	
Cell Phone	
Email Address	
Web site Address	
Arts Discipline	

<u>NARRATIVE QUESTIONS</u>

PLEASE ANSWER THE FOLLOWING QUESTIONS.

INDIVIDUALS AND ORGANIZATIONS

1. What artistic activity would you like us to fund? (Include the who, what, where and when details in your response)

<u>FOR INDIVIDUALS</u>
2. What goals have you set for yourself as an artist?

<u>FOR ORGANIZATIONS</u>
2. What goals have been set for the specific artist(s) identified in your application?

<u>FOR INDIVIDUALS AND ORGANIZATIONS</u>
3. How will the artistic activity described in question #1 help you reach the goals described in question #2?

<u>FOR INDIVIDUALS</u>
4. How do you share or promote your art with people in your community?

<u>FOR ORGANIZATIONS</u>
4. How do you plan to share or promote your artist(s) art with people in your community?

<u>FOR INDIVIDUALS</u>

5. How much money are you requesting for the artistic activity? (Please provide a simple list of how OAC funds will be spent.)

<u>FOR ORGANIZATIONS</u>

5. How much money are you requesting for this activity? (Please provide a simple list of how OAC funds will be spent AS WELL AS your matching funds for this request. All ADAP grants require a 1:1 match, half of which may be from allowable, appropriate <u>in-kind donations</u>. Applicants should discuss the source of their <u>in-kind donations</u> with <u>the</u> OAC prior to submitting their application to make sure the in-kind support is appropriate and listed correctly.)

ITEM/ACTIVITY	OAC REQUEST	MATCH (ONLY FOR ORGANIZATIONS)
	Total Request:	Total Match (ONLY FOR ORGANIZATIONS)