

**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:

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 and am not a student.** *(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.

SUPPORT MATERIAL CHECKLIST For Organizations Cont'd:

- **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+4

County

Business Phone

Fax

Home Phone

Cell Phone

Email Address

Web site Address

Arts Discipline

Race/Ethnicity (the following is for purposes of federal reporting. The information required here will not be considered during grant making process.)

Circle Any Combination:

- Asian
- Black/African American
- Hispanic/Latino
- American Indian/Alaska Native

- Native Hawaiian/Pacific Islander
- White

For the purpose of documenting its grant making activities, the OAC tracks individuals of **Appalachian heritage in Ohio**. An Appalachian is defined as a person who comes from, or whose ancestors come from, the mountainous area of Eastern United States defined as the Appalachian region, and further, who identifies or is identified by others as sharing the Appalachian heritage and culture. The Appalachian population is multi-racial and multi-ethnic and, therefore, overlaps demographic data on African Americans, American Indians and other minority groups.

Check this box if you belong to the Appalachian cultural heritage based on the description above.

NARRATIVE QUESTIONS

PLEASE ANSWER THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED.

INDIVIDUALS AND ORGANIZATIONS

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

FOR INDIVIDUALS 2. What goals have you set for yourself as an artist?

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

FOR INDIVIDUALS AND ORGANIZATIONS

3. How will the artistic activity described in question #1 help you reach the goals described in question #2?

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

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

FOR INDIVIDUALS

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

FOR ORGANIZATIONS

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 [in-kind donations](#). Applicants should discuss the source of their [in-kind donations](#) with [the 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)