



INDIVIDUAL ARTIST GRANT PROGRAM APPLICATION FORM: 2009-2011

Instructions

IMPORTANT: Read the program guidelines and application instructions thoroughly before completing this application. *Grant period:* September 1, 2009 to February 28, 2011. *Application deadline:* March 15, 2009 (5:00 p.m.) *(NOTE: If the deadline date falls on a weekend or a holiday, applications are due by 5:00 p.m. on the first work day following the deadline date.)*

Applications and program guidelines are also available in electronic form on the Department of Community Development (DCD) website www.cincinnati-oh.gov. Read the forms instructions before completing the application. Use *only* the official application form. Maintain the margins provided. Complete the application using *computer-generated type or a typewriter*. The Cincinnati Arts Allocation Committee (CAAC) will *not* consider handwritten applications, incomplete applications, illegible applications, submissions on altered forms, applications submitted by fax or email, or applications that use typeface that is smaller than the type on this section of the application form. Attachments answering the questions asked on the form will be discarded. Submit the original, signed application form to DCD. Keep a file copy.

A. Applicant Information

1. Full Legal Name: _____
(*not artistic alias*) First Name Middle Name Last Name
2. _____ 3. _____ 4. _____
Phone No. Fax No. Email Address
5. _____
Residence Address (*street address only, not P.O. Box*) City State Zip
6. _____
Mailing Address (*if different from residence address*) City State Zip

B. Background of Artist

Describe your arts background and training. Include the exposure your work has had before the public such as selected exhibits, performances, publications, and recordings, as appropriate to your discipline. Include arts awards you have received such as grants, fellowships, and prizes.

C. Description of Request

1. Which artistic discipline best describes the work or project to be funded under this grant? (Check one.)

Dance Media Theater
 Interdisciplinary Work Music Visual Arts
 Literature Performance Art Other (specify) _____

2. Project/Activity Description

a. Describe the art project/activities to be funded under this grant. Include descriptions of the work to be created and the type(s) of public presentations(s) that will be made in Cincinnati during the grant period. Explain how this work relates to your current and previous work. State your artistic intentions for the work (the reason(s) why you want to carry out this particular project/activity).

b. Describe in detail the specific type(s) of expenses you propose to pay with City grant funds. (NOTE: This information *must* be more detailed than but consistent with the information you provide in Section F 1, Column A.)

3. Who is responsible for carrying out the proposed project/activities described above? Include the role of the applicant *and* the names, backgrounds, and roles of any other creative artist, organization(s), or representative(s) of organizations(s) whose involvement is required to successfully carry out the proposed project/activity.

4. A minimum of one public presentation of funded work is required to take place at a site within the Cincinnati city limits during the grant period. Provide the information requested below for *each* grant-related public presentation planned to take place in Cincinnati during the grant period. Do *not* list activities planned to take place outside the Cincinnati city limits or that will exclusively serve non-Cincinnati residents. (Refer to the program guidelines for information on the public presentation requirement, documentation of public presentation, and how to confirm whether an address is in Cincinnati.)

Type of Activity	Date of Public Presentation (Mo/Day/Yr)	Presentation Location (Name of Venue or Organization, Address, Zip Code, Neighborhood)	Contact and Phone at Presentation Location	Type of Documentation Submitted (See Guidelines)
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D. Audience

1. Describe the target audience for your project/activity.

2. What is the estimated number of individuals who will attend, view, or hear the public presentation(s) of grant-related activities during the grant period? (Figures *must* be for grant-related activities in the corporate limits of the city of Cincinnati that are open to and serve residents of Cincinnati.): _____
3. How did you arrive at this estimate?

E. Promotion

How will you promote your project/activity and the public presentation(s) in the Cincinnati city limits to the targeted audience(s) described in Section D?

F. Budget

1. City Arts Grant Request and Total Budget

In Col. A, list expenses you propose to pay in part or in full with the City grant (*maximum grant request*: \$6,000). This information *must* be consistent with the *detailed description of the proposed use of City grant funds in Section C2b. Grant writing tip*: Earmark the City grant portion of the budget for larger dollar amount expenses in a limited number of expense categories. This will simplify record keeping and reporting if your application is funded. In Col. B, list expenses you will pay with cash contributions from other sources. (*NOTE*: The applicant *must* provide matching support. See the program guidelines for more information.) Add columns A and B, and provide total budget figures in Col. C.

Expense Category	City Arts Grant Request (A)	+	Cash Contribu- tions from Other Sources (B)	=	Total Budget (C)
Outside Professional Services	\$ _____		\$ _____		\$ _____
Studio/Rehearsal/Presentation Space Rental	_____		_____		_____
Marketing/Publicity/Promotion	_____		_____		_____
Equipment Rental	_____		_____		_____
Consumable Supplies	_____		_____		_____
Production/Exhibition Costs	_____		_____		_____
Liability Insurance	_____		_____		_____
Grant Recipient Stipend (<i>maximum</i> : \$4,200 or 70% of request amount, whichever is <i>less</i>)	_____		XXXXXXXX		_____
Other (specify type: _____)	_____		_____		_____
Total	\$ _____ (A)	+	\$ _____ (B)	=	\$ _____ (C)

2. Matching Support: Cash Contributions from Sources Other than the City Arts Grant

Identify the sources of the cash contributions you showed in F 1, Col. B. Include *only* income that is *directly related* to the proposed project/activity. *If you have confirmed or anticipated income from types of income sources that are not listed* (e.g., employment income, savings, sale of work) or from corporate, foundation, other City of Cincinnati, State of Ohio, or other government sources, list major income sources in the spaces provided in the column headed "Income Source." For each type of cash contribution, list the total amount, the amount confirmed, and the amount anticipated. (*NOTE*: The *total* cash match in F2 *must* equal the total in F1, Column B.)

Income Source	Amount	Confirmed	Anticipated
Ticket receipts, admission, subscriptions	\$ _____	\$ _____	\$ _____
Sales of food or beverages, parking, publications, rentals, etc.	_____	_____	_____
Memberships	_____	_____	_____
Tuition, class, workshop fees	_____	_____	_____
Corporate support (_____)	_____	_____	_____
Foundation support (_____)	_____	_____	_____
Other City of Cincinnati support (<i>not from artist grant program</i>) (_____)	_____	_____	_____
State of Ohio support (_____)	_____	_____	_____
Other government support (_____)	_____	_____	_____
Other (list) _____	_____	_____	_____
Total Income (Must equal total of F1, Column B)	\$ _____	_____	_____

3. Matching Support: In-kind Contributions

Identify the source, type and value of each *non-cash* donation for the proposed project/activity. For each donation, list the total value, the amount confirmed, and the amount anticipated. (For information on the match requirement, see the program guidelines.)

Source/Type of Donation	Value	Confirmed	Anticipated
_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total In-kind Contributions	\$ _____		

G. Assurances

I hereby certify that all statements in this application are true and correct to the best of my knowledge. I understand that all information on this application is not required by law, but that failure to complete all sections of the application may result in a grant not being awarded. I understand that the information contained in this application, once submitted to the City of Cincinnati, is subject to the provisions of the Ohio Public Records Act. I understand that submission of this application signifies intent to comply with all general and specific guidelines and regulations of the grant program and the City of Cincinnati.

I hereby release the City of Cincinnati, the Department of Community Development (DCD), the Cincinnati Arts Allocation Committee, and their staff from any liability and/or responsibility concerning loss of, or damage to, materials submitted to DCD. I understand that if I do not collect my support material(s) from DCD within one (1) year from the date of this application, such material(s) will be destroyed.

H. Signature

Signature of Applicant (*Must be 18 or older. Sign in blue ink*)

Date of Application

Full Legal Name of Applicant (*type*)

I. Checklist

I have included the following:

- _____ **This Checklist.** One (1) completed copy of Section I of the application (Checklist).
- _____ **Application.** One (1) completed current Individual Artist Grant Application Form with *original* signature.
- _____ **Completed Artist Profile.** One (1) copy of completed artist profile. (**NOTE:** This information will be used for statistical evaluation purposes *only* and has absolutely no part in the selection of grant recipients.)
- _____ **Examples of work.** Support materials that document work the applicant has completed *within the last five (5) years*. Submission requirements are specified in the grant program guidelines. (**NOTE:** Submit *only* the number and type of support materials specified in the guidelines. *Make no substitutions.*)
- _____ **Self-addressed, stamped mailer.** The mailer is for return of CDs and DVDs. Print materials will *not* be returned. (**NOTE:** Do *not* send cash, checks or money orders to cover return postage. If no return mailer is provided, support materials will be held for one (1) year and then destroyed.)
- _____ **Documentation of confirmed public presentation(s).** Materials documenting planned public presentation(s) listed in Section C4 of the application. Acceptable types of documentation are specified in the grant program guidelines. (**NOTE:** Submit *only* the types of documentation specified in the guidelines. *Make no substitutions.*)
- _____ **Documentation of intent to collaborate.** Copy(ies) of letter(s) of intent from collaborating creative artist(s) or representatives of organization(s) as pertinent to the application. (See grant program guidelines and Section C3 of the application.)
- _____ **Documentation of Cincinnati resident status.** Documentation of the applicant's status as a resident of the city of Cincinnati living at the street address provided in Section A5 of the application. Acceptable types of documentation are specified in the grant program guidelines.

NOTE: All applications and support materials must be *received* (not postmark dated) in the DCD office by **5:00 p.m. March 15. If the deadline falls on a weekend or a holiday, applications are due by 5:00 p.m. on the first work day following the deadline date.** Applications not meeting the submission deadline will *not* be considered. Applications submitted by fax or email will *not* be considered.

Questions? Call DCD at (513) 352-4985 with programmatic and technical questions.



ARTIST PROFILE

Instructions

The City of Cincinnati requires that the following information be collected from applicants for arts funding. This information will be used for statistical evaluation purposes only and has absolutely no part in the selection of grant recipients.

Applicant Information

1. What is your sex?

- Female
 Male

2. What is your racial/cultural heritage? (Check all that apply.)

- African-American, Black
 American Indian, Alaskan Native
 Appalachian
 Asian
 Hispanic
 Native Hawaiian, Other Pacific Islander
 White
 Other (Specify: _____)

3. Do you have a disability that significantly limits a major life activity?

- Yes
 No