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**2024 INDIVIDUAL ARTISTS APPLICATION**

**DEADLINE: December 1st, 2023**

Funded by the New York State Council on the Arts, a state agency Statewide Community Regrant Program with the support of the Office of the Governor and the New York State Legislature; administered by the Lower Adirondack Regional Arts Council.

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| **APPLICATIONS MUST BE HAND DELIVERED/MAILED TO:**  Community Arts Grants, C/O LARAC, 7 Lapham Place, Glens Falls, NY 12801  ***LATE or EMAILED APPLICATIONS WILL NOT BE REVIEWED.***  ***.***  **A COMPLETE APPLICATION MUST INCLUDE:**   * **1** Original, Signed Application * **1** Copy of the Artists’ Resume as related specifically to the area in which the artist is applying * **1** Letter from the presentation site(s) or organization(s) confirming their participation in the event (if applicable) * **1** Copy of Proof of Primary Residence * Work Samples - see guidelines for instruction   **A COMPLETE APPLICATION MUST ALSO INCLUDE:**  + 5 Copies of Signed Application  + 5 Copies of Artistic Resumes  + 5 Copies of Artistic Support Materials | | | | | | | | |
| **APPLICANT INFORMATION** | | | | | | | | |
| Legal Name: | | | | | | | | |
| Applicant Mailing Address: | | | | | | | | |
| City: | | State: | | | Zip: | | County: | |
| Phone Number: | | | | | | | | |
| Email: | | | | | Website: | | | |
| Have you applied to LARAC as an Individual Artist for funding in the past 3 years? | | | | | | | | |
|  | | | | | | | | |
| **PROJECT INFORMATION** | | | | | | | | |
| Project Title: | | | | | | | | |
| Project Start Date: | | | | Project End Date: | | | | |
| Total Project Expenses: | | | | Amount Requested: | | | | |
| Community Involvement - In Person or Virtual | | | | | | | | |
| *Summarize your project in a clear and concise statement:* | | | | | | | | |
| **CHECK THE DISCIPLINE THT BEST DESCRIBES THE PROJECT** | | | | | | | | |
| Crafts | Dance | | Folk Arts | | | Humanities | | Literature |
| Media | Musical Theater | | Music | | | Opera | | Multi-Disciplinary |
| Visual Arts | Theater | | Photography | | | Other (describe): | | |
| **PROJECT DESCRIPTION** | | | | | | | | |
| **Clearly describe the NEW WORK you will create.**  **State your artistic vision for the final project. Be specific, provide details.** | | | | | | | | |
|  | | | | | | | | |
| *A community component is required for funding. Describe the way in which your project will reflect Warren or Washington County’s social, ethnic, geographic environment, or culture, and/or how you plan to involve the community:* | | | | | | | | |
|  | | | | | | | | |
| *Collaborating with groups and organizations can be a valuable component of your proposal. If applicable, name any individuals or organizations you plan to involve:* | | | | | | | | |
|  | | | | | | | | |
| *Provide a timeline for the project from beginning to end and give specific dates/locations when possible:* | | | | | | | | |
|  | | | | | | | | |
| *The final phase of your project must be open to the public. Where will it take place? What is your plan for marketing your final performance or exhibition? Be specific.* | | | | | | | | |

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| --- | --- | --- | --- |
| **2024 Project Budget***(round off to nearest dollar)*  **YOUR GRANT REQUEST MUST BE $2,500**  A budget is requested so that the review panel understands the expenses that the proposed project entails.  In addition to artistic fees, funding requests may include materials, in-state travel and transportation, marketing fees, and other professional fees. The budget may not include capital expenses (for example- no equipment purchases or costs not directly associated with the proposal.) | | | |
| **EXPENSES** | | **INCOME** | |
|  | | *(if project expense is over $2,500)* | |
| Your Fee: | $ |  | |
| Other professional services: | | Income (donations or grants, specify): | |
| Print Marketing | $ |  | $ |
| Digital Marketing | $ |  | $ |
| Transportation/Travel | $ |  | $ |
| Space Rental | $ |  | $ |
| Supplies (Specify): | |  | |
|  | $ |
|  | $ | Income Total: | $ |
|  | $ | Expenses Total: | $ |
|  | $ |  | |
|  | $ |
| Other (Specify): | |
|  | $ |
|  | $ |
|  | | | |

***CERTIFICATION***

*The person signing below must be the artists applying for the grant.*

I, the undersigned, certify that all information contained in this application is true, I have read the guidelines of the Individual Artist Grant and certify that this application complies with, and is made subject to said guidelines, I release the Lower Adirondack Regional Arts Council, their employees and agents with respect to damage to property or materials submitted with this application, and I will be responsible for providing the services outlined herein as well as all reports and stipulations required of all Arts Initiative Individual Artist grantees.

Name (*print or type*):

Signature:

Title:

Date:

**EMAIL QUESTIONS TO:**

Alyssa Shiel, Grants Coordinator

Outreach@larac.org