



## 2020 INDIVIDUAL ARTISTS APPLICATION DEADLINE: October 25, 2019 at 4pm



**Council on  
the Arts**

Funded by the New York State Council on the Arts, a state agency Decentralization Program with the support Governor Andrew Cuomo and the New York State Legislature; administered by the Lower Adirondack Regional Arts Council.

**APPLICATIONS MUST BE HAND-DELIVERED TO THE LARAC  
OFFICE BY 4 PM**

-or-

**POSTMARKED BY Oct. 21 & MAILED TO:**

Community Arts Grants, C/O LARAC, 7 Lapham Place, Glens Falls, NY 12801

***FAXED OR EMAILED APPLICATIONS WILL NOT BE ACCEPTED.  
LATE APPLICATIONS WILL NOT BE REVIEWED.***

### **A COMPLETE APPLICATION MUST INCLUDE:**

- + 1 Original, signed application
- + 7 Additional copies of the completed, signed application
- + 8 Copies of the Artists' resume as related specifically to the area in which the artist is applying (limit 2 pgs.)
- + 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 Sample- see guidelines for instruction

### **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?

Please provide a short biography or Artists' Statement:

### **PROJECT INFORMATION**

Project Title:

Project Start Date:	Project End Date:
Total Project Expenses:	Amount Requested:

*Summarize your project in a clear and concise statement:*

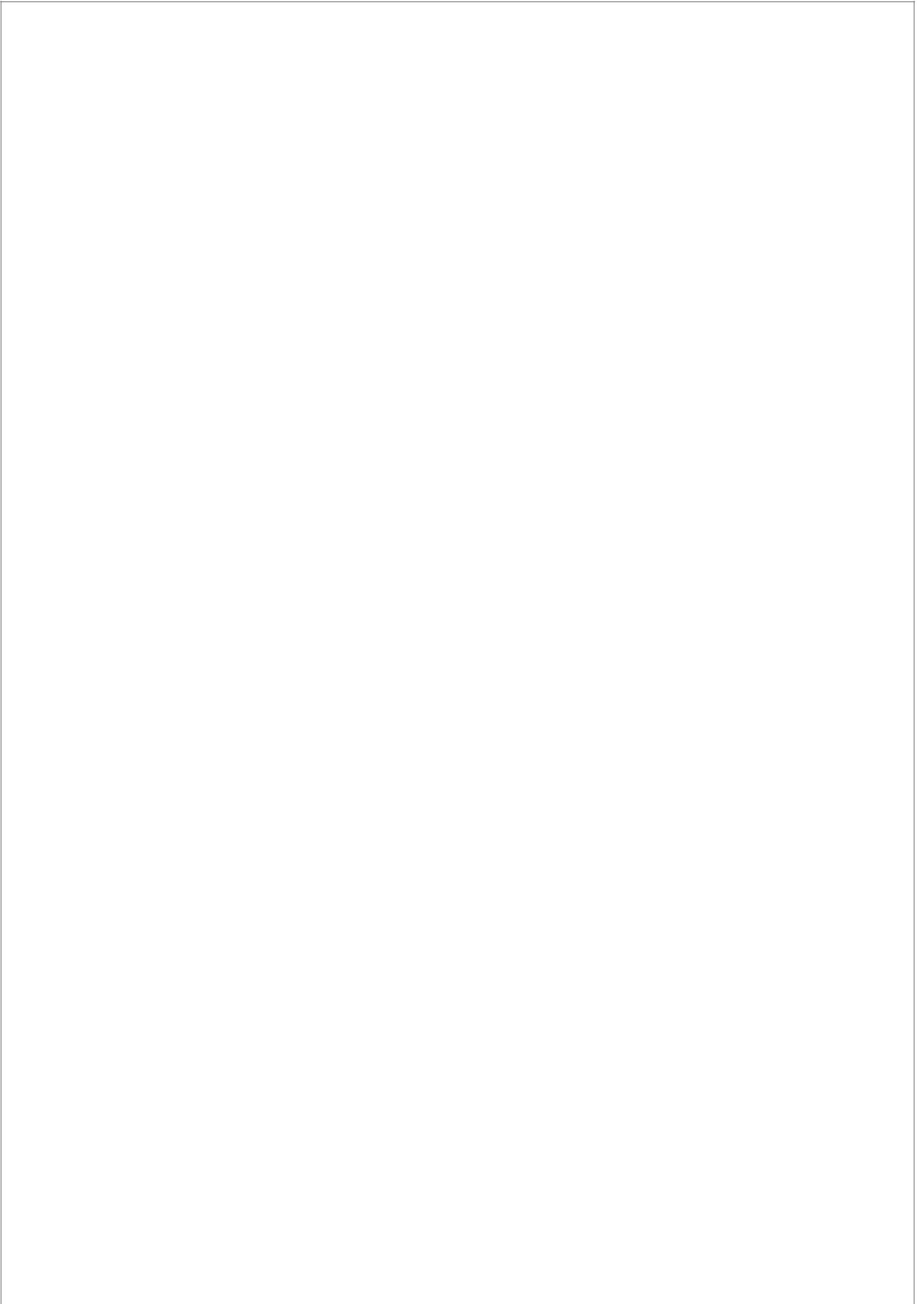
### CHECK THE DISCIPLINE THT BEST DESCRIBES THE PROJECT

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.**

Project description cannot exceed 2pgs in length. Information exceeding 2 pages will not be presented to the panel.



*A community component is required for funding. Describe the way in which your project will reflect Warren or Washington County's social, ethnic, or 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, give specific dates/locations where possible:

The final phase of your project must be open to the public. Where will it take place? How will you publicize it?

**2020 Project Budget** (round off to nearest dollar)

**YOUR BUDGET REQUEST MUST EQUAL \$2,500.00**

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, travel, transportation, 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	
		<i>(if project expense is over \$2,500)</i>	
Your Fee:	\$		
Other professional services:		Income (donations or grants, specify):	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Supplies (Specify):			
	\$		
	\$	Income Total:	\$
	\$	Expenses Total:	\$
	\$		
	\$		
Other (Specify):			
	\$		
	\$		

***To be considered complete, the application include the completed Budget Form.***

**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