

**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?       |
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| **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): |
|  | $       |
|  | $       |
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***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