

FY2018 Application

Kentucky Peer Advisory Network (KPAN)

Application Windows: April 15 – June 15, 2017
Oct. 15 – Dec. 15, 2017

THIS FORM MUST BE TYPED. No handwritten applications will be accepted.

<p>ORGANIZATION <i>Leave blank if applying as an individual artist</i></p> <p>Ky. Senate District _____</p> <p>Ky. House District _____</p> <p>U.S. Congressional District _____</p> <p>To look up district info, use www.votesmart.org or call your County Clerk's office</p>	Organization Name			
	Mailing Address			
	City	State	Zip Code	County
	Physical Address (if different than mailing – no P.O. box)			
	City	State	Zip Code	County
	Phone		Web Address	
	Contact Salutation <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		Contact Name	
	Contact Email		Contact Title/Position	
<p>INDIVIDUAL ARTIST <i>Leave blank if applying as an organization</i></p> <p>Ky. Senate District _____</p> <p>Ky. House District _____</p> <p>U.S. Congressional District _____</p> <p>To look up district info, use www.votesmart.org or call your County Clerk's office</p>	Artist Salutation <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		Artist Name	
	Mailing Address			
	City	State	Zip Code	County
	Physical Address (if different than mailing – no P.O. box)			
	City	State	Zip Code	County
	Phone		Email	
	Web Address		Kentucky Arts Council Artist Program	
	Artist Media (ceramics, vocal music, poetry, etc.)			
KAC Staff Use ONLY				
FY:	2018	App. Discipline:	Pop. by Group: _____	
Grant Program:	KPAN	NEA Outcome:	C	Pop. by Race: _____
App. Status:	_____	Arts Education:	99	Amount: \$400
Activity:	34	Pop by Age:	_____	App. Institution: _____
				App. #: _____

Beneficiaries:

Select all categories that, by estimate, made up 25 percent or more of the population that will directly benefit from this consultancy.

Race/Ethnicity

- American Indian/Alaska Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian/Other Pacific Islander
- White
- No single race/ethnic group

Distinct Groups

- Individuals with disabilities
- Individuals in institutions
- Individuals below poverty line
- Individuals with limited English proficiency
- Military veterans/active duty personnel
- Youth at risk
- No single distinct group

Age Groupings

- Children/youth (0-18 years)
- Young adults (19-24 years)
- Adults (25-64 years)
- Older adults (65+ years)
- No single age group

Request for Consultancy

Please provide a brief description of the organization or artist's work.

Please identify ONE topic area that best describes the type of assistance you are requesting.

- | | | |
|--|---|---|
| <input type="checkbox"/> Accessibility | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Public Art Planning |
| <input type="checkbox"/> Arts Advocacy | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Arts Education | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Audience Development | <input type="checkbox"/> Marketing and Promotion | <input type="checkbox"/> Other (please describe): |
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Organizational
Management | |
| <input type="checkbox"/> Building Partnerships | <input type="checkbox"/> Product Development | |
| <input type="checkbox"/> Business and Finance | <input type="checkbox"/> Program Development | |

Please provide a brief description of why you are seeking a consultancy through KPAN.

Please complete the following statement.

At the conclusion of the KPAN consultancy, I/we hope to be able to...

Optional: Choose up to three KPAN advisors, or the KAC can select them for you. To view advisor profiles go to <http://kpan.ky.gov/Pages/default.aspx>.

Name: _____

Name: _____

Name: _____

- I understand that the applicant is responsible for making payment to the peer advisor for any incidental costs associated with the consultancy, such as mileage, food, overnight accommodations (if necessary), photocopies, etc. Agreement regarding payment for incidental costs should be confirmed prior to the start of the consultancy.
- I understand that the consultancy must be completed by Dec. 15 for fall and June 15 for spring. If not completed, monies available for this consultancy will expire, after which the planned consultancy may only begin or resume upon the submission of an updated request.

Organization Signatures

I certify that I am legally authorized to submit this application on behalf of my organization and that the foregoing statements and enclosures are true and complete to the best of my knowledge.

Executive Director _____ Date _____
(or comparable position) *Signatures must be in red ink.*
Type Name _____ Title _____

Contact Person _____ Date _____
Signatures must be in red ink.
Type Name _____ Title _____

Artist Signature

I certify that I am legally authorized to submit this application and that the foregoing statements and enclosures are true and complete to the best of my knowledge.

Artist _____ Date _____
Signatures must be in red ink.
Type Name _____ Title _____