

# FY2018 Application

## Arts Access Assistance Program

**Application Deadline: Jan. 17, 2017**

**This form must be typed or completed and printed electronically. No handwritten applications will be accepted.**  
Please refer to the guidelines.

<b>APPLICANT</b>  U.S. Congressional District  Ky. Senate District  Ky. House District  For district information call your county clerk's office.	Name			
	DBA (doing business as, if applicable):			
	Mailing Address			
	City	State	Zip	County
	Street Address (if different than above)			
	City	State	Zip	County
	Web Address			
	FEIN		Business Tax Reg. # (if applicable)	
	DUNS Number		Date of 501(c)(3) Inc. (if applicable)	
	<b>CONTACT PERSON</b>			
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 Title		
Phone		Alternate Phone		
Email				
<b>Applicant Status</b>				
Please choose <b>ONE</b> : _____				
02	Organization - Nonprofit	07	Government - County	
03	Organization - Profit	08	Government - Municipal	
05	Government - State			
<b>KAC Staff Use ONLY</b>				
FY: <b>2018</b>	App. Discipline: _____	App. Institution: _____		
Grant Program: <b>AAA</b>	NEA Outcome: <b>B</b>	Pop. by Group: _____		
App. Status: _____	Arts Education: _____	Pop. by Race: _____		
Activity: _____	Project Discipline: _____	Pop. by Age: _____		
# Adults: _____	# Children: _____	# Artists: _____		
App. # _____	(Grants Manager assigns)	Amount Request: _____		

<b>Proposal</b>	Project Title (short phrase)		
	Project Begin Date	Project End Date	Amount Requested \$
	Enter the number of people who will be directly engaged with the arts experience. Adults: _____ Children: _____ Artists: _____		
	Please chose the <b>ONE</b> item which best describes the funded activities. _____ 01 50% or more are arts education      02 Less than 50% are arts education 99 None of this project involves arts education		

**Population Benefited**

For the next two sections, select all categories that, by the best estimate, make up 25% or more of the population that will be directly benefited from the program activities.

<b>By Race:</b>	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> No single racial/ethnic group made up of more than 25% of the population directly benefited
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<b>By Age:</b>	<input type="checkbox"/> Children/Youth (0-18 years) <input type="checkbox"/> Older Adults (65+ years) <input type="checkbox"/> Young Adults (19-24 years) <input type="checkbox"/> No Single Group <input type="checkbox"/> Adults (25-64 years)
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<b>By Distinct Group:</b>	<input type="checkbox"/> Individuals with disabilities <input type="checkbox"/> Military veterans/Active duty personnel <input type="checkbox"/> Individuals in institutions <input type="checkbox"/> Youth at risk <input type="checkbox"/> Individuals below the poverty line <input type="checkbox"/> No single distinct group listed above made up more than 25% of the population directly benefitted <input type="checkbox"/> Individuals with limited English proficiency
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## Arts Access Assistance Program Narrative

Please respond to the introduction and each performance expectation (e.g., 1. Planning and Communications, 2. Artistic Quality/Public Value, etc.) below on separate sheets of paper, not to exceed six additional, standard sheets typed in at least 10-point font. Remember to address all the bullets under each performance expectation. This information is what the panelists use to assess the quality of your application. Refer to the [Panelist Assessment Sheet](#) for specific criteria.

### Introduction (not scored)

1. Briefly describe your organization including its history, mission, service goals, etc.
2. Briefly describe the project for which you are requesting grant funding. What are the planned activities, who will benefit, what are the intended outcomes, etc.?

### Performance Expectations

#### 1. Planning and Communications (40%)

- Describe strategies to identify and overcome barriers to participation in the arts for the population defined by the theme.
- Describe your understanding of the theme-specified community's need for the arts and how your organization will respond to that need.
- Describe how this program will promote lifelong learning in, about and through the arts.
- Describe how you will evaluate this program and measure the success of outcomes.
- Describe how you will make the community and public aware of activities and events.

#### 2. Artistic Quality/Public Value (30%)

- Describe the value of this project in addressing the needs of the population defined by the theme.
- Describe how you will involve professionally trained, experienced artists and/or an arts organization. (Provide indexed artist work samples)
- Describe methods used to ensure artistic quality.

#### 3. Implementation (30%)

- Describe how your organization and staff are equipped to implement the project.
- Provide evidence of funding resources for the project, including fundraising, sponsorship, other grants and in-kind contributions. (The budget page detailing project income and expenses will fulfill this expectation. Matches must be cash contributions with accompanying commitment letters.)
- Describe collaborations and partnerships you will employ to successfully complete this project.

**BUDGET PAGE**

Please complete the following project budget. Restricted items may be included, but amounts may not exceed your cash match amount. In-kind support may be included in the explanation/details, but the amount will equal \$0. Include letters of commitment from sources of secured matching funds in the accompanying support materials.

TYPE OF INCOME OR EXPENSE	EXPLANATION/DETAILS	AMOUNT
<b>INCOME</b>		
Grant Amount Requested (\$8,000 or less)		
Match Funding (at least 25% of income total)		
<b>INCOME TOTAL</b>		
<b>EXPENSES</b>		
Artists and Arts Professionals Fees		
Facilities		
Supplies		
Marketing and Public Relations		
Other Goods		
Other Services		
<b>EXPENSES TOTAL (should match "income total")</b>		

**KENTUCKY ARTS COUNCIL WORK SAMPLE INDEX**

**WORK SAMPLE ONE**

Work Sample Format	<input type="checkbox"/> Image <input type="checkbox"/> Audio <input type="checkbox"/> Video <input type="checkbox"/> Text <input type="checkbox"/> Other		
Web address (short URL)			
Title of Work			
Brief Description			
Applicant's role/responsibility in the work			
Dates created			
	<input type="checkbox"/> Entire Work <input type="checkbox"/> Segment		
Total length of complete work		Total length of segment	

**WORK SAMPLE TWO**

Work Sample Format	<input type="checkbox"/> Image <input type="checkbox"/> Audio <input type="checkbox"/> Video <input type="checkbox"/> Text <input type="checkbox"/> Other		
Web address (short URL)			
Title of Work			
Brief Description			
Applicant's role/responsibility in the work			
Dates created			
	<input type="checkbox"/> Entire Work <input type="checkbox"/> Segment		
Total length of complete work		Total length of segment	

**WORK SAMPLE THREE**

Work Sample Format	<input type="checkbox"/> Image <input type="checkbox"/> Audio <input type="checkbox"/> Video <input type="checkbox"/> Text <input type="checkbox"/> Other		
Web address (short URL)			
Title of Work			
Brief Description			
Applicant's role/responsibility in the work			
Dates created			
	<input type="checkbox"/> Entire Work <input type="checkbox"/> Segment		
Total length of complete work		Total length of segment	

## Application Checklist

Your application is not complete and will not be forwarded to the panel for review if it does not include the following mandatory information:

- Application** with signatures
- Narrative** of six pages or less addressing each performance expectation, with a brief introduction
- Budget page** and letters of commitment from sources of cash matches
- Work sample index** and work samples
- Signature page** signed by authorizer in **red ink**

## Application Signatures

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

### Applicant Signature

\_\_\_\_\_ Date \_\_\_\_\_  
***Signatures must be in red ink.***  
Type Name \_\_\_\_\_ Title \_\_\_\_\_

### Mail completed application to:

Kentucky Arts Council  
1025 Capital Center Drive  
Third Floor  
Frankfort, KY 40601