

FY2019 Application
Arts Access Assistance Program
Application Deadline: Jan. 16, 2018

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

APPLICANT	Name				
	DBA (doing business as, if applicable):				
	Mailing Address				
	U.S. Congressional District	City	State	Zip	County
	Ky. Senate District	Street Address (if different than above)			County
	Ky. House District	City	State	Zip	County
	Web Address				
	FEIN		Business Tax Reg. # (if applicable)		
	DUNS Number		Date of 501(c)(3) Inc. (if applicable)		
	CONTACT PERSON 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					
Please choose ONE : _____ 02 Organization - Nonprofit 07 Government - County 03 Organization - Profit 08 Government - Municipal 05 Government - State					

KAC Staff Use ONLY

FY: 2019	App. Discipline: _____	App. Institution: _____
Grant Program: AAA	NEA Outcome: B	Pop. by Group: _____
App. Status: _____	Arts Education: _____	Pop. by Race:: _____
Activity: _____	Project Discipline: _____	Pop. by Age: _____
# Adults: _____	# Children: _____	# Artists: _____
App. # _____		Amount Request: _____

Proposal	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 ONE 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.

	<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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	<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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	<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
INCOME		
Grant Amount Requested (\$8,000 or less)		
Match Funding (at least 25% of income total)		
INCOME TOTAL		
EXPENSES		
EXPENSES TOTAL (should match "income total")		

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