

# Artist Relief Fund-Phase 2

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*Rhode Island State Council on the Arts - Individuals*

## *Basic Information*

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### **Legal Name\***

*Character Limit: 100*

### **Artist Name (if different than legal name)**

*Character Limit: 100*

### **Legal Business Address\***

Please list your legal address.

*Character Limit: 500*

### **W9**

To expedite payments, every applicant must upload a current W9. You can find a W9 form here. Please sign and either upload here or email to [mollie.flanagan@arts.ri.gov](mailto:mollie.flanagan@arts.ri.gov). Do NOT mail.

*File Size Limit: 5 MB*

### **If you are awarded a grant, would you like to receive the funds via a mailed check or Paypal?\***

#### **Choices**

Mailed Check

Paypal

### **Current Mailing Address**

If you selected mailed check, please list the address at which you would like the grant check mailed.

*Character Limit: 500*

### **PayPal Email Address**

If you selected Paypal, please list the email address associated with your paypal account.

*Character Limit: 100*

## *Applicant Eligibility*

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### **Are you at least 18 years of age?\***

Applicants must be at least eighteen years of age to apply for RISCA funds.

**Choices**

Yes

No

**Are you a student in an arts related degree program?\***

Students attending high school or students pursuing undergraduate or graduate degrees in an arts discipline or an arts-related subject area at the time of application may not apply.

**Choices**

Yes

No

## *Impact of Novel Coronavirus/COVID-19*

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This fund is open to those who have lost income related to their artistic practice due to the ongoing coronavirus pandemic. Artistic practice is broadly defined and includes teaching artists, arts administrators, and other arts and culture workers. Acceptable losses include, but are not limited to, those that have resulted from an inability to: teach in person classes or workshops; participate in paid residencies; perform, curate, or otherwise participate in paid gigs; display work in art galleries or museum shows; sell work at craft fairs; offer services as a teaching artist; etc. Please note that grant awards are based on immediate financial need, and not on total loss of income.

**Do you need help covering expenses that you would have been able to cover?\***

Do you need help covering expenses that you would have been able to cover if your events/work/sales weren't canceled due to COVID-19?

**Choices**

Yes

No

Not yet, but I will soon

**Do you have any income at all from the following sources?\*****Choices**

part-time employment in an arts field  
part-time employment in a non-arts field  
selling art work  
teaching classes  
virtual performances  
live, in-person performances or events  
other

## *Proof of Artistic Practice*

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Proof of artistic practice is required. Please provide either an artist résumé, a work sample, or a social media account or website featuring your artistic work. **You only need to submit one**, but we welcome more than one. This INCLUDES teaching artists, arts administrators, and other arts and culture workers- just include whatever evidence of your work applies.

### **Link to artist social media account.**

*Character Limit: 2000*

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*Character Limit: 2000*

### **List link to artist website.**

*Character Limit: 2000*

### **Resume or CV**

*File Size Limit: 2 MB*

### **Work Sample**

Please write a short description of the work sample in the text box.

*Character Limit: 500 | File Size Limit: 5 MB*

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Please write a short description of the work sample in the text box.

*Character Limit: 500 | File Size Limit: 5 MB*

## *Revenue Loss*

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In order to be eligible to receive these funds, which are part of the CARES Act Coronavirus Relief Fund, you must be able to demonstrate a loss in revenue between 2020 and 2019, and/or expenses specific to adapting your art practice to the pandemic that totals at least \$800.

### **Revenue Loss.\***

Enter the dollar amount of the difference between your art practice revenue between March 1, 2020 and December 30, 2020, and March 1, 2019 and December 30, 2019.

*Character Limit: 20*

## Total COVID Adaptation Expenses\*

Enter the total dollar amount of funds spent on adapting your art practice/business for COVID and COVID related business restrictions. This includes expenses like:

- PPE.
- Cleaning supplies.
- Plexiglass, air filters, and other physical modifications.
- Technology upgrades.
- Website redesign or modifications.

*Character Limit: 20*

## Attestation\*

I attest that my art practice has the stated revenue loss between 2020 and 2019, and that I have incurred the stated amount of expenses specific to adapting my art practice and associated income to the pandemic.

### Choices

Yes

No

## What are your immediate expenses that you can't afford?\*

Please list each of your immediate personal expense categories that will accrue over the next 30 days/1 month, the dollar amount due, and the date it is to be paid in the following format: Electricity Bill, \$150, due April 15th. Please note that due to the high level of need and our limited funds, we are focused on immediate basic needs, food, housing, utilities, etc, rather than business needs or covering lost income. Note: This is NOT business expenses, like studio space or art materials. Only personal/family immediate basic needs.

*Character Limit: 5000*

## What is the minimum amount you need right now to cover your necessities for the next month?\*

*Character Limit: 100*

## Have you applied for any of the following financial relief/social assistance programs?\*

### Choices

SBA Disaster Loan

SBA Payroll Protection Loans

Business Adaptation Grant

Restore RI Grant

Pandemic Unemployment Assistance

Unemployment Insurance

SNAP

Other Relief Funds or Grants

Other  
None

**Have you received confirmation of benefits/financial assistance through any of these programs:\***

**Choices**

SBA Disaster Loan  
SBA Payroll Protection Loan  
Business Adaptation Grant  
Restore RI Grant  
Pandemic Unemployment Assistance  
Unemployment Insurance  
SNAP  
Other Relief Funds or Grants  
Other  
None

**If you HAVE received funds from the following sources, please list the total.**

SBA Disaster Loan  
SBA Payroll Protection Program Loan  
Business Adaptation Grant - RI Commerce  
Restore RI Grant - RI Commerce  
RI On Pause Grant - RI Dept.of Taxation

*Character Limit: 250*

**Are there any additional ways RISCA can support you at this moment?**

*Character Limit: 5000*

*Assurances Page*

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**By clicking the box below I agree that:\***

1. I hereby state that all elements of this application are true.
2. I hereby certify that I have been a Rhode Island resident for one year, and will be a resident upon approval of a grant.
3. I hereby certify that I am eighteen years of age or older and not currently in an arts degree seeking program.
4. I understand that this application is subject to meeting eligibility criteria and available funding.
5. I understand that if I am awarded a grant, I must submit my grant agreement form by Monday, December 21st at 9am in order to receive funds.

**Choices**

Yes

