

Arts and Health Grant_AHG_FY24_c1

Rhode Island State Council on the Arts - Organizations

APPLICATION OVERVIEW

Welcome to the “ARTS AND HEALTH GRANT (AHG)” application. To help you complete the application, we have included instructions, explanations, and links to more information.

There are three parts to the application:

1. BEFORE YOU START THE APPLICATION answer the eligibility questions to determine if your project is eligible for RISCA funding.
2. INFORMATION FOR THE PANEL where you share the details of your project with the panel who are making funding recommendations.
3. INFORMATION FOR RISCA STAFF where you will share information that RISCA is required to collect and have on record when granting state and federal funds.

If you have questions that can't be answered via the links and information provided in this application, do not hesitate to reach out to Anisa Raouf, Arts and Health Program Director at anisa.raouf.INT@arts.ri.gov. Let's get started!

GUIDELINES & TEMPLATE FORMS - UPDATE LINKS

Quick links to templates and other resources that may be needed and/or useful for this application.

- Arts and Health Grant (AHG) Guidelines (PDF) - *For reference. Please be sure to review the entire document before submitting your application.*
- AHG Project Budget Template (Excel) - *Required*
- Evaluation Rubric (PDF) - *For reference. This is the rubric panelists will use when evaluating your application.*
- Fiscal Sponsor Sample Letter (Word doc) - *Optional*

ARTS AND HEALTH GLOSSARY

- **Arts and Health** refers to the practice of applying arts initiatives to health problems and health promoting settings (National Arts and Health Framework, Australia. P.2) and the

use of the arts to promote, maintain, or improve health and well-being (Davies, C. et al., 2016).

- **Arts in Healthcare** is a multidisciplinary field dedicated to transforming the healthcare experience by connecting people with the arts and artists practices in the healthcare environment.
- **Arts in Public Health** refers to professional artists practicing in collaboration with public health professionals or communities in service to improving health.
- **Behavioral Health** describes the connection between behaviors and the health and well-being of the body, mind and spirit. Behavioral health looks at how behaviors impact someone's health — physical and mental.
- **Creative Therapies** is the use of art forms to help treat certain health conditions.
- **Health*** is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- **Non-clinical** refers to patient care supports that do not provide direct diagnosis, treatment, testing, or care for a patient.
- **Participatory Arts** means the learners should be participating in the art making, not observing a presentation of the art form by the teaching artist. Arts learning projects must be experiential and focus on the exploration of art and the artistic process.
- **Public Health*** refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focuses on entire populations, not on individual patients or diseases.
- **Social Determinants of Health (SDH)*** are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. The SDH have an important influence on health inequities - the unfair and avoidable differences in health status seen within and between countries.

**As defined by The World Health Organization.*

BEFORE YOU START APPLICATION - ELIGIBILITY QUIZ

Organization Status:*

Are you a 501(c)3 nonprofit organization, municipality, or a parent corporation to a division, branch, department, program, or other subunit of nonprofit corporation, municipality college, or university?

NOTE: if you are a nonprofit organization, your organization must be incorporated in and conducting business in the State of Rhode Island, with 501(c)(3) tax exempt status from the Internal Revenue Service, registered with the Rhode Island Secretary of State, governed by a revolving board of directors, trustees or advisory board drawn from the community at large and shown to be actively involved in the governance of the organization (for confirmation that your nonprofit organization is incorporated in the State of Rhode Island, visit the Secretary of State's online database).

If your organization is incorporated in a state outside of Rhode Island, they may still apply for a grant. The organization must show that its principal place of business is in Rhode Island, it is registered with the Secretary of State's office, it is producing programming predominantly in Rhode Island, and it is governed by a revolving board of directors, trustees or advisory board drawn from the Rhode Island community and shown to be actively involved in the governance of the organization. Please contact the Arts and Health Program Director for more information.

Choices

Yes
No

If you answered yes to the above question, continue with the remainder of the eligibility quiz! If you answer no, you can still apply if you have a 501(c)(3) nonprofit organization fiscally sponsoring your application. For questions about this process, reach out to Anisa Raouf, Arts and Health Program Director at anisa.raouf.INT@arts.ri.gov.

ADA compliance:*

Is your project occurring in an ADA-compliant location? For more information on what this means, read the physical access section of this checklist:

<https://www.arts.gov/sites/default/files/BriefChecklist-February2020.pdf>

Choices

YES
NO

If you answered yes, you are still eligible for this grant program! Continue to the next question. If you answered no, your project is ineligible for this grant program.

Artists associated with this project are Rhode Island residents.*

Choices

YES
NO

If you answered yes, you are still eligible for this grant program! Continue to the next question. If you answered no, your project is ineligible for this grant program.

Can your proposed project be described by any of the following?*

- Bricks and mortar activities, capital improvements, or the purchase of permanent equipment.
- Eliminating/reducing existing debt, or contributions to an endowment fund.

- Fundraising efforts, such as social events or benefits.
- Prizes and awards.
- Hospitality expenses, such as food and beverages for openings or receptions.
- Expenses incurred or activities occurring prior to July 1 or after June 30 in the fiscal year in which the grant has been awarded.
- Regranting or awarding funds to another person or entity.
- Activities which are part of a graduate or undergraduate degree program, or for which academic credit is received.
- Applications for projects that proselytize or promote religious activities, or which take place as part of a religious service.
- Performances and exhibitions not available to the general public, or which are inaccessible to people with disabilities.

Choices

Yes

No

If you answered **no**, your project is eligible for this grant program! **Continue onto the full application.** If you answered **yes** to this question, your project is ineligible for this grant program.

FISCAL SPONSOR INFORMATION

Fiscal Sponsor Name

If you answered no to the question "Are you a 501(c)3 nonprofit organization?", what is the legal name of the 501(c)3 nonprofit organization fiscally sponsoring your application?

Character Limit: 250

Submit your fiscal sponsor letter

If you are using a fiscal sponsor to apply for this grant, please upload a letter on official letterhead from the sponsor organization, stating their agreement to act as sponsor for the grant. For reference: You can download a "**fiscal sponsor template letter**" with sample text, located at the top of this application under *Guidelines and Template Forms*.

File Size Limit: 1 MB

NOTE: If a grant is awarded to a fiscal sponsor, it is understood that the sponsor organization is financially, administratively, and programmatically responsible for all conditions of the grant. The fiscal sponsor is also responsible for signing the contract, achieving compliance, and ensuring the submission of final report forms.

INFO FOR THE PANEL: INTRODUCING YOUR PROJECT

All information in this section is seen by panelists. Panels consist of three to five people (not RISCA staff) recruited from around RI with arts and culture and health interest or expertise to review applications.

Panelists are selected with an eye towards diversity of race, ethnicity, gender identity or expression, disability, geography, and disciplines of arts and culture experience. Panelists undergo a training that includes an implicit bias in the panel room training, how to read a project budget, and a review of the grant program rubric.

While there are character count limits with each question, we've also indicated the ideal length of answers. You will want to balance giving the panel enough information but not more than needed. Remember panelists have many applications to review.

WHO YOU ARE:

If you are applying for funds via a fiscal sponsor, you will answer all questions from the perspective of your organization.

ORGANIZATION OR GROUP NAME*

What is the name of your organization or group?

Character Limit: 250

ORGANIZATION MISSION*

In 2-3 sentences, please provide the mission and principal vision of your organization.

Character Limit: 500

PROJECT OVERVIEW

The purpose of the following questions is to briefly introduce your project. Project name, project summary, and amount requested will be read out loud during the panel meeting prior to discussing your application to re-orient panelists to your application. It will also be used in public-facing material and public records should your organization be awarded a grant.

Project Type (select one)*

This project is specific to:

- **Health:** Utilize the arts to enhance the quality of life and create an environment conducive to healing for individuals, communities, caregivers, or staff. Artists need to partner or consult with a health professional(s) and/or subject matter expert(s).
- **Public Health:** Utilize the arts to build healthy communities for all Rhode Islanders by generating awareness and using creative strategies to address the social determinants of health. Artists need to partner with a public health agency or social service or

community-based organization.

Check which one best describes the type of project this is:

Choices

Health

Public Health

Project Name*

Please provide a brief two to five word title for your proposed project.

Character Limit: 100

Project Summary*

Please summarize your project in two or three sentences. Include target population, arts experience, and health or public health benefit. Please use a third person description.

Example: XYZ artist offers an adaptive movement program for adult cancer survivors and staff in a XYZ rehabilitation facility. The intended health benefits include better mobility for the patients and increase in positive social interactions and improved mood.

Character Limit: 350

Amount Requested*

Numerals only. Please no decimals, commas, or dollar signs. Amount requested cannot exceed \$9,000.

Character Limit: 20

Project Site (facility/place)*

Please list the name(s) of the facility/place(s) where the project will take place.

Character Limit: 250

Project Site Location (city/town)*

Please include name of the city/town where project will take place.

Character Limit: 250

Project Start and End Date*

Note this project must take place within the RISCA fiscal year July 1 – June 30.

Example:

Project Start/End Date: July 15, 2023 through February 15, 2024

Character Limit: 250

Target Population (select all that apply)*

Select the options that most closely describe the population(s) you propose to serve.

Choices

General Public
 Families with Children
 Adults
 Seniors
 Children under 5
 Children, Grades K-12
 Young Adults
 Students/Trainees (other than K-12)
 Other

INFO FOR THE PANEL: PROJECT NARRATIVE

Pilot or Existing Project?*

Is this a new/pilot project? Or is this an extension or continuation of an existing project?

Choices

Pilot Project
 Existing Project

Project Description*

Summarize the project you are proposing. (2-4 paragraphs)

- Describe the arts engagement and how it will deliver health and/or public health benefit.
- If this is an extension of an existing project, please include how this relates or builds on the original project.
- If relevant, please share professional development and education opportunities for healthcare staff that further understanding of the power of arts-based approaches to facilitate health, well-being, and equity.

Character Limit: 5000

Target Population*

Who comprises the population and/or community being engaged with by this project? Why is this project relevant and meaningful to them? (1-3 paragraphs)

Character Limit: 2500

Connection to RI State Arts and Health Plan (select all that apply)*

Does your project connect to any of the five leading priorities from the Rhode Island State Arts and Health Plan?

- **Patient Care** – employs arts as part of the treatment plan.
- **Healing Environments** – physical space design as well as what happens in these spaces.

- **Caring for Caregivers** – professional, para-professional, informal (family/friends).
- **Education** – improving clinicians’ diagnostic tools, empathy, resiliency, and observation and communication skills.
- **Community well-being** – using the arts to address public health concerns such as health literacy, health equity, and trauma resiliency in public areas such as community centers, parks, stand-alone clinics, and more.

Read the full Arts and Health State Plan here:

<https://health.ri.gov/publications/plans/2019ArtsAndHealth.pdf>

Select all that apply:

Choices

Patient Care

Healing Environments

Caring for Caregivers

Education

Community well-being

n/a

Programmatic Access*

Beyond your programming occurring in an ADA compliant space, tell us ways your project will be accessible and inclusive and reduce barriers to access for those who want to attend your project. What things are you doing, in respect to your project, to reach out and engage with ALL people within your identified community? We want to know how you are planning to engage people from different cultural backgrounds, socioeconomic statuses, and physical and mental abilities. Check out this RISCA page for ideas and resources. (1-3 paragraphs)

Character Limit: 2500

Health / Public Health Benefit*

- What is the expected health or public health benefit of this project?
- How you will measure the impact on individual participants or community?

We do NOT expect you to spend a large amount of time or funds on evaluation. We recommend thinking about what the intended health benefit will be, and then figuring out what things indicate that. Quantitative and qualitative participant data is encouraged. (Ideal answer is 1-3 paragraphs.)

- Examples of health benefits may be indications of positive experience, changes in physical, cognitive or social emotional aspects or increased awareness of or actions taken in relation to public health concerns.
- Examples of measurements may include attendance, completion, staff and patient testimonials, etc.

Character Limit: 5000

Defining Success*

Describe what a successful project looks like to you and your collaborators, and how you will measure that. Success of project should relate to the previous question about the Health or Public Health benefit on the specified population.

Character Limit: 2500

Evaluation Form Upload (optional)

Sample(s) of evaluation forms or assessment rubrics related to project success and health outcomes.

Character Limit: 250 | File Size Limit: 10 MB

PROJECT TIMELINE*

Provide a timeline for your project. This can be a simple, bulleted list. Show all the major steps involved in accomplishing your project, when they are happening, and who is doing them. Depending on your project, your timeline might span just one month or over several months. See an example of response to this question here.

Character Limit: 2500

PROJECT BUDGET*

Upload your project budget using the **RISCA Arts and Health Grant budget template**. Only applications using this budget template will be considered eligible. For help completing the budget, check out this video.

Please use the notes section in the budget form to explain your project income and expenses related to this project. Be specific about hourly or daily rates. Project income must equal project expenses.

Reference: Download the "**Arts and Health Grant budget template**" at the top of the application from the section **Guidelines & Forms**.

File Size Limit: 5 MB

HOW YOU WILL USE RISCA FUNDS*

List which eligible expenses you will apply your RISCA grant award to and how much for each expense. This should match what is in your budget. Your response should be a short list or a few sentences. See example response here.

Character Limit: 1000

Expenses that RISCA does not fund*

Council support may NOT be used for:

- Capital expenses such as building improvements or the purchase of permanent equipment.

- Eliminating or reducing existing debt.
- Fundraising efforts, such as social events or benefits.
- Hospitality expenses, such as food and beverages.
- Expenses incurred prior to or after the grant cycle in which a grant has been awarded.
- Applications where the purpose is to “regrant” or award funds using some or all of the RISCA grant funds.
- Prizes and awards.
- Activities that are part of a graduate or undergraduate. degree program, or for which academic credit is received.
- Projects that proselytize or promote religious activities, or which take place as part of a religious service.

Choices

I understand that I cannot use RISCA funds for the items and activities listed above

INFO FOR THE PANEL: YOUR TEAM

Project Coordinator*

Please include the first and last name of the project coordinator and their work title, or affiliation (e.g. "Activity Therapist" or "Healing Arts Program Director".)

Character Limit: 250

Subject Matter Expert(s)*

List the name of your subject matter expert(s) and organization affiliation (if relevant). This may be the same person as the project coordinator.

- **For Health projects:** Artists need to partner or consult with a health professional(s) and/or subject matter expert(s).
- **For Public Health projects:** Artists need to partner with a public health agency or social service or community-based organization.

Character Limit: 250

Name of Artist(s) or Art and Culture Partner*

List of names of Artist(s) or Art and Culture Partner(s).

Character Limit: 250

Name of Other Partnerships or Collaborations

List of names of Other Partnerships or Collaborations.

Character Limit: 250

Your Team*

Tell us about the project coordinator, subject matter expert(s), community partners, artists and/or culture-bearers that will assist in the success of your project. How are they involved and why they are best suited for this project? Key partners could be involved in planning, implementing, and/or promoting the project.

If you have not yet selected artists for the program, discuss artists you have worked with in past for similar programs, or what types of artists you intend to work with. (2-3 paragraphs)

Character Limit: 5000

INFO FOR THE PANEL: SUPPORT MATERIAL UPLOAD

Please submit up to four support materials from the individuals and/or organizations that speaks to their experience relevant to this project. This may include video, images, resume, short bios, letters of support, and/or links to social media (Vimeo, YouTube, Instagram, CreativeGround* profile, etc.). Note - You are not required to upload support material in every box provided. Keep your support materials targeted to what you want panelists to see, hear, and know about the team and/or project.

*CreativeGround is a regional Arts Directory supported by New England Foundation for the Arts (NEFA.). It includes artists, creatives, culture bearers, creative organizations and businesses.

PLEASE NOTE: The online system can accommodate images, text documents, video, and audio in most formats, however there is a 100 MB limit for ALL support materials combined. We recommend that video be uploaded to a site such as Vimeo or Youtube, and links provided in an uploaded Word or PDF document. Links to artist websites can also be submitted in the text box in the online application.

Support Material #1*

Please use this upload button to provide audio, video, digital images, or documents to support your application. Use the text box to provide us with a description of what you have uploaded.

Character Limit: 250 | File Size Limit: 15 MB

Support Material #2

Please use this upload button to provide audio, video, digital images, or documents to support your application. Use the text box to provide us with a description of what you have uploaded.

Character Limit: 250 | File Size Limit: 15 MB

Support Material #3

Please use this upload button to provide audio, video, digital images, or documents to support your application. Use the text box to provide us with a description of what you have uploaded.

Character Limit: 250 | File Size Limit: 15 MB

Support Material #4

Please use this upload button to provide audio, video, digital images, or documents to support your application. Use the text box to provide us with a description of what you have uploaded.

Character Limit: 250 | File Size Limit: 15 MB

Link #1 (optional)

Add link to social media (website, Vimeo, YouTube, Instagram, CreativeGround profile, etc.). Keep your support materials targeted to what you want panelists to see, hear, and know.

Character Limit: 2000

Link #2 (optional)

Add link to social media (website, Vimeo, YouTube, Instagram, CreativeGround profile, etc.). Keep your support materials targeted to what you want panelists to see, hear, and know.

Character Limit: 2000

Link #3 (optional)

Add link to social media (website, Vimeo, YouTube, Instagram, CreativeGround profile, etc.). Keep your support materials targeted to what you want panelists to see, hear, and know.

Character Limit: 2000

Link #4 (optional)

Add link to social media (website, Vimeo, YouTube, Instagram, CreativeGround profile, etc.). Keep your support materials targeted to what you want panelists to see, hear, and know.

Character Limit: 2000

INFO FOR RISCA STAFF: ELIGIBILITY DOCUMENTS

The following information asks for documents and information RISCA is required to have as a state agency granting out federal funds. Within each question, we explain why we are asking it. The information in this section is seen only by RISCA staff and not by the panel.

501(C)3 Determination Letter*

We are required to grant out federally sourced funds to non-profit organizations. If you are not a federally registered 501(c)3 non-profit, this is a letter you will need from your fiscal sponsor. Upload a copy of your letter from the IRS confirming your organization's tax-exempt status. If you are using a fiscal sponsor, please upload the 501(c)3 determination letter for the sponsor organization.

File Size Limit: 3 MB

What is the legal name of your Organization or Fiscal Sponsor?*

This is the name of the nonprofit listed on the 501(c)3 Determination Letter.

Character Limit: 150

SAM-UEI*

SAM-UEI is a 12-character Unique Entity Identifier (UEI) assigned by the federal System for Awards Management (SAM). As of April 2022, SAM-UEI is required of any entity receiving federal funds, including RISCA grants. SAM-UEIs are replacing DUNS numbers. Whether or not you already have a DUNS number, you can learn how to get a SAM-UEI for your organization [here](#).

This process is 100% free - beware of websites and third party services that try to charge you for your SAM-UEI. If you are unable to get a SAM-UEI before submitting your application, email Anisa at Anisa.Raooof.INT@arts.ri.gov for details on what you need to do so you can still submit your application.

Character Limit: 12

Submit your latest IRS form 990 or 990-N*

Upload your most recently filed IRS form 990 or 990-EZ. This tax form must be from the past three fiscal years. If your annual operating budget is under \$50,000, please upload your most recently filed form 990-N e-Postcard.

A 990 document is the type of annual tax return 501(c)3 that nonprofits file. We need this document, so we know that your nonprofit is in good standing. If you are not a federally registered 501(c)3 nonprofit, you will need this document from your fiscal sponsor. If your nonprofit is new and hasn't completed a 990 yet, submit a Word document that states "Our nonprofit is new and hasn't completed a 990 yet."

File Size Limit: 15 MB

INFO FOR RISCA STAFF: LEGISLATIVE DISTRICT

To look up who your elected officials are, please visit the Rhode Island Secretary of State website: <https://vote.sos.ri.gov><http://www.sos.ri.gov/>

1. From the dashboard on the RI Secretary of State website, click "**Find a Polling Place**".
2. **Next, enter the address** in the fields provided (on the voter website) in which your business address (or that of your fiscal sponsor, if you are using one) is located. This must be a street address and NOT a post office box. Click "CONTINUE".
3. On the next page you will see a **list of "Your Elected Officials"**. Please use this list as reference when answering the questions below.

U.S. Representative*

Please select your U.S. Congressional District from the list below:

Choices

- 1
- 2

INFO FOR RISCA STAFF: DATA for FEDERAL & STATE REPORTING

Answer the following questions to the best of your ability. This information will not affect how your application is evaluated but is necessary for reporting on our applicants to the federal and state government. RISCA staff will review the information here and reach out if they have any questions when it is time to create and file reports.

For definitions of the following fields, refer to this guide with the National Standard data fields.

Applicant status*

Please designate the legal status of your organization. Note that RISCA only funds non-profit organizations or local government entities.

Choices

- 01 Individual
- 02 Organization - Non-Profit
- 03 Organization - Profit
- 04 Government - Federal
- 05 Government - State
- 06 Government - Regional
- 07 Government - County
- 08 Government - Municipal
- 09 Government - Tribal
- 99 None of the Above

Applicant Institution*

Choose from the codes below to describe your specific type of organization. NOTE: Healthcare Facilities would choose code 34.

Choices

- 01 Individual - Artist
- 02 Individual - Non-artist
- 03 Performing Group
- 04 Performing Group - College/University
- 05 Performing Group - Community
- 06 Performing Group for Youth
- 07 Performance Facility
- 08 Museum - Art
- 09 Museum - Other
- 10 Gallery/Exhibition Space

- 11 Cinema
- 12 Independent Press
- 13 Literary Magazine
- 14 Fair/Festival
- 15 Arts Center
- 16 Arts Council/Agency
- 17 Arts Service Organization
- 18 Union/Professional Association
- 19 School District
- 20 School - Parent-Teacher Association
- 21 School - Elementary
- 22 School - Middle
- 23 School - Secondary
- 24 School - Vocational/Technical
- 25 Other School
- 26 College/University
- 27 Library
- 28 Historical Society/Commission
- 29 Humanities Council/Agency).
- 30 Foundation.
- 31 Corporation/Business
- 32 Community Service Organization
- 33 Correctional Institution
- 34 Health Care Facility
- 35 Religious Organization
- 36 Seniors' Center
- 37 Parks and Recreation
- 38 Government - Executive
- 39 Government - Judicial
- 40 Government - Legislative (House)
- 41 Government - Legislative (Senate)
- 42 Media - Periodical
- 43 Media - Daily Newspaper
- 44 Media - Weekly Newspaper
- 45 Media - Radio
- 46 Media - Television
- 47 Cultural Series Organization
- 48 School of the Arts
- 49 Arts Camp/Institute
- 50 Social Service Organization
- 51 Child Care Provider
- 99 None of the Above

Applicant Discipline*

Select the primary numeric code from the list provided that best describes the main art form of your organization. NOTE: Healthcare facilities would most likely choose 15 Non-Arts/Non-Humanities.

Choices

- 01 DANCE
- 02 MUSIC
- 03 OPERA/MUSICAL THEATRE
- 04 THEATRE
- 05 VISUAL ARTS
- 06 DESIGN ARTS
- 07 CRAFTS
- 08 PHOTOGRAPHY
- 09 MEDIA ARTS
- 10 LITERATURE
- 11 INTERDISCIPLINARY
- 12 FOLK/TRADITIONAL ARTS
- 13 HUMANITIES
- 14 MULTIDISCIPLINARY
- 15 NON-ARTS/NON-HUMANITIES

Type of Activity*

Select the code that best describes the activities of your project.

Choices

- 01 Acquisition
- 02 Audience Services
- 03 Award/Fellowship
- 04 Creation of a Work of Art
- 05 Concert/Performance/Reading
- 06 Exhibition
- 07 Facility Construction, Maintenance, Renovation
- 08 Fair/Festival
- 09 Identification/Documentation
- 10 Institution/Organization Establishment
- 11 Institution/Organization Support
- 12 Arts Instruction
- 13 Marketing
- 14 Professional Support - Administrative
- 15 Professional Support - Artistic
- 16 Recording/Filming/Taping
- 17 Publication
- 18 Repair/Restoration/Conservation
- 19 Research/Planning
- 20 School Residency
- 21 Other Residency
- 22 Seminar/Conference
- 23 Equipment Purchase/Lease/Rental
- 24 Distribution of Art
- 25 Apprenticeship/Internship
- 26 Regranting
- 27 Translation
- 28 Writing About Art
- 29 Professional Development/Training

- 30 Student Assessment
- 31 Curriculum Development/Implementation
- 32 Stabilization/Endowment/Challenge
- 33 Building Public Awareness
- 34 Technical Assistance
- 35 Web Site/Internet Development
- 36 Broadcasting
- 99 None of the Above

Project Discipline*

Choose the primary arts discipline of this project from the codes provided.

Choices

- 01 DANCE
- 02 MUSIC
- 03 OPERA/MUSICAL THEATRE
- 04 THEATRE
- 05 VISUAL ARTS
- 06 DESIGN ARTS
- 07 CRAFTS
- 08 PHOTOGRAPHY
- 09 MEDIA ARTS
- 10 LITERATURE
- 11 INTERDISCIPLINARY
- 12 FOLK/TRADITIONAL ARTS
- 13 HUMANITIES
- 14 MULTIDISCIPLINARY
- 15 NON-ARTS/NON-HUMANITIES

Arts Education*

Use this field to describe the arts education designation of each award, according to the following definition:

Arts Education: An organized and systematic educational effort with the primary goal of increasing an identified learner's knowledge of and/or skills in the arts with measurable outcomes.

Choices

- 01 50% or more of project activities are arts
 - 02 Less than 50% of project activities are arts
 - 99 No arts education
- education directed to:
- A K-12
 - B Higher education
 - C Pre-kindergarten
 - D Adult learners

ASSURANCES

The applicant agrees to abide by all the General Terms and Conditions and Assurances as outlined at <http://www.arts.ri.gov/legal>, and has reviewed this information prior to submitting this application. By submitting your application you are agreeing to abide by all of these federal and state terms and conditions if you receive support from RISCA. The applicant understands that all grant applications are considered on a competitive basis. No applicant is guaranteed funding at any level, even if all basic criteria have been met. Prior funding does not guarantee support in current or future years. The applicant understands that all RISCA grant award programs are contingent upon the availability of funds from the General Assembly of the State of Rhode Island and the National Endowment for the Arts, a federal agency.

The applicant will assure that it and any organization assisted by it will comply with Titles I - IV of the Americans with Disabilities Act of 1990 (PL 101-336), as amended, Title VI and VII of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq., PL 88-352) as amended, Sections 503 & 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Equal Employment Opportunity Act of 1972 (PL 92-261), Rhode Island Executive Order #19, 1977, and where applicable, Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), to the end that no person in the United States shall, on the grounds of race, color, religion, sex, age, national origin, handicap, or sexual orientation, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the applicant received financial assistance from the Council.

It is understood by the applicant and the Rhode Island State Council on the Arts (RISCA) that RISCA reserves the right to use any text, photographs, audio, or video submitted as part of this application for limited non-commercial educational or promotional use in publications or other media produced, used or contracted by RISCA including, but not limited to: brochures, invitations, newsletters, postcards, websites, etc.

The applicant will certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of their knowledge, and that the applicant is an eligible organization as specified in the guidelines.

The applicant will certify that the filing of this application has been authorized by the governing body of this applicant, and the person submitting this application has been duly authorized to file this application for and in behalf of said applicant, and otherwise to act as the authorized representative of the applicant in connection with this application.

By placing a checkmark in this box I/we agree to all of the above:*

Choices

I/we agree to the above Assurances

The deadline for this application is 11:59 PM on the deadline day. THERE ARE NO EXCEPTIONS.

