



The Arts & Culture Alliance
and City of Knoxville
American Rescue Plan Fund
ARTIST APPLICATION



Artist Name:

Physical Address:

City:

Zip code:

Have you been a full-time resident of the City of Knoxville for the past 12 months? YES NO

Will you remain a full-time resident of the City of Knoxville through June 30, 2024? YES NO

Phone 1:

Phone 2:

Email:

Link(s) to professional website, Facebook, Instagram, or other online proof of artistic practice:

Project name:

Project start date:

Project end date:

Artistic Discipline(s):

Dance

Media Arts

Theater/musical theater

Folk & traditional

Music

Visual arts

Literary

Opera

Other

Short project description:

What amount of funding do you request? *Artists may request between \$500 - \$15,000. Round to the nearest \$50.*

Will the activity take place within the City of Knoxville? YES NO

Artist's Total Income for 2022:

What percentage of your annual income accounts for arts-related programming? %

Commissioned, purchased, or fabricated art works(s) approved under this award, unless otherwise specified, will become the property of the Arts & Culture Alliance with the ongoing intention that it will be available to the public.

Project overview: What do you propose to do? When will it happen?

Please detail any additional artists involved in the project. Include volunteers and independent contractors.

Describe the demographics of these artists (may include age, sex, education, nationality, ethnicity, religion, residency, economic status, etc.):

Describe the demographics of your audience (may include age, sex, education, nationality, ethnicity, religion, residency, economic status, etc.):

Describe the artistic merit of the project.

Project Need and Impact: Describe the need and impact of your proposed community-based arts project. Describe the community that will be served. Address efforts to increase access to participation, knowledge, and/or exposure to the arts, particularly the involvement of diverse populations including those with limited access to the arts.

Describe your marketing and promotional efforts:

How will you evaluate the impact of the project?

Number of adults projected to be directly served/engaged in person:

Number of children projected to be directly served/engaged in person:

Number of individuals to be served virtually:

Project Budget description (If total budget exceeds request, explain how the balance will be raised):

Provide a projected timeline for the progress of your ongoing program(s) within the grant period (July 1, 2023 - June 1, 2024).

What risks and/or challenges do you anticipate in the next year? How do you plan to manage them?

Please outline the budget (how grant funding would be used).

Additional Application Documents

Work Samples (up to three total samples allowed)

Submit a media sample, such as a musical recording, image of artwork, testimonial, short video clip, etc. Samples should demonstrate the kind of arts/culture programming that you do and/or its impact in the community. There are several options to be found online if you need to reduce the size of your file. If your file size remains too large, you may choose to upload the media to an external source, such as YouTube or Google Drive, and share the link in a pdf document. Ensure that appropriate viewing permissions are given. File Size Limit: 2 MB per sample

Assurances

Do you agree to allow ACA access to your records and financial statements for the purpose of ensuring compliance with grant terms and conditions and to keep said records for at least three years following the submission of your final report? YES NO

- Applicant has read, understands and accepts guidelines. The grant money will be used exclusively for payment of allowable expenses incurred for the services proposed in this application and administered by applicants.
- Applicant will comply with all rules, regulations, laws, terms, and conditions in the guidelines.
- I hereby certify that I am not suspended or disbarred from receiving Federal Funds.
- I certify that all figures, statements, and representations made in this application including attachments are true and correct.

Signature:

Date:

Save the completed application and email, with attachments, to grants@knoxalliance.com. For any questions, please email LZ@knoxalliance.com (preferred) or call 865-523-7543.