

The Barbara and Carl Zydney Grant for Artists with Disabilities

→ Application Questions

---THIS IS NOT THE APPLICATION FORM---

This document is designed to assist potential applicants prepare for completing the application form.

Applications Open Tuesday, May 4, 2021 at 10:00 AM EDT **Applications Close** Tuesday, June 15, 2021 at 5:00PM EDT

NYFA <u>only</u> accepts application submitted online at <u>apply.nyfa.org/submit</u>

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PROGRAM OVERVIEW

The Barbara and Carl Zydney Grant for Artists with Disabilities grant will distribute unrestricted cash grants of \$1,000 to artists with a disability who have experienced financial hardship due to the COVID-19 crisis. The program is open to visual, media, music, performing, and literary artists who live in New York City (five boroughs).

APPLICATION OUTLINE

The application form is broken up into 3 sections:

- 1) General Information
- 2) Artistic Practice
- 3) Residency Information

OTHER: All grant applicants are asked to complete a demographic questionnaire. These answers are not part of the application and responses will remain anonymous and will not be linked to your identity.

DOCUMENT UPLOAD CHECKLIST

The following is a list of the types of information you will be required to upload to your application form.

REQUIRED UPLOADS:

☐ 1 x Documentation of NYC Residency

Applicants need to be a current resident of NYC and be able to provide a document listing:

- Your Full Legal Name
- A NYC residential Address, and
- A 2021 date

This document could be one of the following examples:

- Utility bill
- Bank statement or Credit Card bill
- Valid government ID issued in

☐ Government Issued ID

Any form of government issued ID that clearly shows your full legal name.

OPTIONAL UPLOADS:

Documentation of applicants artistic practice.

□ An up-to-date artist CV/resume

And one (1) of the following:

□ Provide 1 press clipping to a news article or press regarding your work from the past four (4) years OR

☐ Recent Wor

□ Recent Work Samples of your arts practice created in the past four (4) years

OR

□ Reference Letter from a past curator or community arts organizer you have worked with in the past four (4) years.

SECTION 1: APPLICANT GENERAL INFORMATION

To answer the following questions you will be asked to complete a short answer question or select an option from a list.

Required questions are indicated with *

1) Name*

 Please enter your full legal name as it appears on government issued identification

2) Street Address*

- ELIGIBILITY REQUIREMENT: Applicants must be a NYC resident
- 3) City*
- 4) Zip Code*
- 5) NYC County of Residence*
- 6) Contact Email*
- 7) Phone Number*
 - Do not add any spaces or symbols such as hyphens

8) Website • Please enter a direct link (http://)
9) Disability Identifiers*: Identify your disability (Select 1 from the list)
 □ Amputee / Limb difference □ Blind / Low vision □ Chronic pain and / or chronic illness (including HIV/AIDS, cancer)
☐ Cognitive / Learning☐ Cerebral Palsy
□ Deaf / Hard of Hearing□ Intellectual / Developmental□ Invisible
 □ Little Person / Dwarfism □ Mental Health □ Mobility □ Neurodivergent □ Not listed - Self identify
10) Access to Resources - Select all that apply to you* Responses will provide important information about your level of need. (Multichoice)
☐ I have lost work due to COVID-19 (Full-time, part-time, or contract work)
☐ I have ongoing medical complications due to COVID-19☐ I have outstanding medical expenses associated with COVID-19
☐ I do not have medical insurance ☐ I am a single parent

I do not have a financial safety net
☐ I am financially responsible for dependents
☐ I am unable to apply for unemployment or other government social services
My residency status restricts me from accessing benefitsI am an artist of color
☐ I am at risk due to other circumstances or extraordinary expenses not listed here
☐ None of the the above
SECTION 2: YOUR ARTISTIC PRACTICE
To answer the following questions you will have the option of uploading documentation, or supplying a short written response, or selecting an option from a list.
Required questions are indicated with *
Select the discipline that reflects your current artistic practice*
•
practice*
practice* ○ Please select what best reflects your creative practice. □ Craft / Sculpture □ Choreography / Dance
practice* ○ Please select what best reflects your creative practice. □ Craft / Sculpture □ Choreography / Dance □ Design
practice* ○ Please select what best reflects your creative practice. □ Craft / Sculpture □ Choreography / Dance □ Design □ Digital / Electronic Arts
practice* ○ Please select what best reflects your creative practice. □ Craft / Sculpture □ Choreography / Dance □ Design

- □ Theater / Performance
 □ Video / Film
 □ Visual Arts (Drawing, Painting, Photography and Printmaking)
- 2) Summary of your arts practice Please complete one of the following*:
 - Applicants only need to provide one: either a CV/Resume or write a short biography.
 - **OPTION 1)** Upload a CV or Resume *Max 2 pages* (PDF, DOCX or DOC accepted upload formats)
 - **OPTION 2)** Write a short artist biography *Max 300 words* (Type directly into the application)
- 3) Example of your creative practice Please complete one of the following*:

OPTION 1) Upload 1 article or news story relating to your arts practice from the past four (4) years:

- Provide a URL OR
- Upload a copy of the press clipping (PDF, DOCX, DOC, JPG or PNG accepted upload formats)

OPTION 2) Recent Work Samples of your arts practice created in the past four (4) years: *Max 5 work samples*

 Applicants can upload images, audio recording, short video clips or a 5-page manuscript (PDF, DOCX, DOC, JPG, PNG, MP3, M4A, MP4 or MOV accepted upload formats)

OPTION 3) Reference Letter from a past curator or community arts organizer you have worked with in the past four (4) years.

- Upload a short letter of reference from a past curator or community arts organizer that has worked with you in a creative capacity within the past four years. Letters should be signed and dated and on a letterhead or email with email address and date visible. (PDF, DOCX, DOC, JPG or PNG accepted upload formats)
- 4) Optional: Applicants can also provide an additional link to illustrate their online presence such as a link to Twitter, Instagram, or Facebook. (Provide a URL)

SECTION 3: NYC RESIDENCY AND PROOF OF AGE

To answer the following questions you will need to upload 2 documents

Required questions are indicated with *

1) Documentation of NYC residency from 2021*

 Applicants will need to submit an official letter or other documentation from any time in 2021. (PDF, DOCX, DOC, JPG or PNG accepted upload formats)

2) Proof of Age*

 Applicants will need to upload a copy of your government issued ID or passport.

You have now completed your application.

The following questions are not part of your application. The following information will not be made available to the review panel.

Applicant Demographics

By completing this information you are helping NYFA secure future funding. Your responses will remain anonymous and will not be linked to your identifying information.

Applicants will need to select from a series of options from a list. Required questions are indicated with *

1) To which gender do you most identify* (please select one)

☐ Female
☐ Gender Variant/Non-conforming
■ Male
☐ Transgender Female
☐ Transgender Male
☐ Prefer not to say
☐ Not listed (Please Specify)
□ [Write-in option]

2) Do you consider yourself to be*: (Please select one)
☐ Asexual
■ Bisexual
□ Gay
☐ Straight (heterosexual)
□ Lesbian
□ Pansexual
□ Queer
☐ Prefer not to disclose
☐ Prefer to self-describe
☐ [Write-in option]
3) How would you describe yourself* (Please select one)?
3) How would you describe yourself* (Please select one)? Asian/East Asian/South Asian/ Southeast Asian
☐ Asian/East Asian/South Asian/ Southeast Asian
☐ Asian/East Asian/South Asian/ Southeast Asian ☐ Black/African/Caribbean/African-American
 □ Asian/East Asian/South Asian/ Southeast Asian □ Black/African/Caribbean/African-American □ Hispanic/Latinx/Chicanx
 □ Asian/East Asian/South Asian/ Southeast Asian □ Black/African/Caribbean/African-American □ Hispanic/Latinx/Chicanx □ Southwest Asian (Middle Eastern)/North African
 □ Asian/East Asian/South Asian/ Southeast Asian □ Black/African/Caribbean/African-American □ Hispanic/Latinx/Chicanx □ Southwest Asian (Middle Eastern)/North African (SWANA/MENA)
 □ Asian/East Asian/South Asian/ Southeast Asian □ Black/African/Caribbean/African-American □ Hispanic/Latinx/Chicanx □ Southwest Asian (Middle Eastern)/North African (SWANA/MENA) □ Multi-racial
 □ Asian/East Asian/South Asian/ Southeast Asian □ Black/African/Caribbean/African-American □ Hispanic/Latinx/Chicanx □ Southwest Asian (Middle Eastern)/North African (SWANA/MENA) □ Multi-racial □ Native Hawaiian or other Pacific Islander
 □ Asian/East Asian/South Asian/ Southeast Asian □ Black/African/Caribbean/African-American □ Hispanic/Latinx/Chicanx □ Southwest Asian (Middle Eastern)/North African (SWANA/MENA) □ Multi-racial □ Native Hawaiian or other Pacific Islander □ Native American/Alaska Native/Indigenous/First Nations
 □ Asian/East Asian/South Asian/ Southeast Asian □ Black/African/Caribbean/African-American □ Hispanic/Latinx/Chicanx □ Southwest Asian (Middle Eastern)/North African (SWANA/MENA) □ Multi-racial □ Native Hawaiian or other Pacific Islander □ Native American/Alaska Native/Indigenous/First Nations □ White/Caucasian
 □ Asian/East Asian/South Asian/ Southeast Asian □ Black/African/Caribbean/African-American □ Hispanic/Latinx/Chicanx □ Southwest Asian (Middle Eastern)/North African (SWANA/MENA) □ Multi-racial □ Native Hawaiian or other Pacific Islander □ Native American/Alaska Native/Indigenous/First Nations □ White/Caucasian □ Prefer not to say

- 4) Please select your annual household income bracket* (please select one):
- **□** \$0 to \$10,000
- □ \$10,001 to \$40,000
- □ \$40,001 to \$85,000
- □ \$85,001 to \$163,000
- □ \$163,001 to \$207,000
- □ \$207,001 to \$518,000
- **□** \$518,001 or more

SUBMIT

Once successfully submitted you will receive an email confirmation from Submittable