NYFA
New York Foundation for the Arts

The NYSCA/NYFA Artists with Disabilities Grant Application Questions

THIS IS NOT THE APPLICATION FORM

NYFA **only** accepts applications submitted online at
apply.nyfa.org/submit

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

Applications Open: Tuesday, September 6, 2022, 10:00AM EDT
Applications Close: Tuesday, November 1, 2022, 5:00PM EDT

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PROGRAM OVERVIEW

The NYSCA/NYFA Artists with Disabilities Grant will distribute cash grants of $1,000 to artists with a disability who have experienced financial hardship due to the COVID-19 crisis to cover art related expenses. The grant will be open to visual, media, music, performing, literary, and multidisciplinary artists who live in New York State outside of the five boroughs of NYC.

APPLICATION OUTLINE

The application form is broken up into 4 sections:
1) Eligibility Form
2) Applicant Information
3) Artistic Practice
4) Residency Information and Proof of Age

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.

SECTION 1: ELIGIBILITY FORM

To determine if you are eligible for the grant, you will be asked a series of YES/NO questions before gaining access to the full application.

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1) **Do you identify as Deaf and/or Disabled?**

2) **Have you maintained residency in New York State outside of the five boroughs of NYC for at least the past 12 months?**

3) **Are you 21 years of age or older as of September 6, 2022?**

4) **Have you been negatively impacted by COVID-19?**

5) **Are you a practicing artist who has been actively creating work in the past 4 years?**

SECTION 2: APPLICANT 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) **First and Last Name***
   ○ *Please enter your full legal name as it appears on government issued identification*
2) **Artist Name / Stage Name (if different from legal name)**
   ○ *An artist name or stage name is the name you are recognized by or published under, different from the name you use on government issued forms of identification.*
3) **Street Address***
   ○ *ELIGIBILITY REQUIREMENT: Applicants must be a current resident of New York State outside of the five boroughs of NYC.*
4) **City***
5) **Zip Code***
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) **Proxy: Are you completing the application on behalf of the artist (applicant)?**
   ○ Yes, I am assisting someone to apply
   ○ No, I am the applicant
   If yes, you will be asked to indicate the name and email of the proxy who is assisting the applicant. All other questions in this application should relate to the applicant and their work.

10) Disability Identifiers - Select all that apply to you*

The NYSCA/NYFA New York State Artists with Disabilities Grant is specifically for disabled artists in upstate New York. In order to ensure we are accurately giving funds, we are asking you to identify your disability by selecting one or more of the following categories:

I identify as being or having one or more of the following:
- ❏ Physical/Mobility disability
- ❏ Cognitive/Intellectual/Developmental disability
- ❏ Mental Illness/Psychiatric disability
- ❏ Sensory disability (including D/deaf, hard of hearing, blind, partially sighted)
- ❏ Chronic Illness/Chronic Pain (including HIV/AIDS, cancer)
- ❏ Invisible/Non-apparent disability
- ❏ Not listed - Self Identify

SECTION 3: 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 *

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1) Select the discipline that reflects your current artistic practice*
- ○ *Please select what best reflects your creative practice.*

- ❏ Craft / Textiles
- ❏ Choreography / Dance
- ❏ Community Arts
- ❏ Design / Architecture
- ❏ Digital / Electronic Arts

- ❏ Folk / Traditional Arts
- ❏ Interdisciplinary Work
- ❏ Literary Arts
- ❏ Music / Sound
- ❏ Theater and performance
- ❏ Video / Film
- ❏ Visual Arts

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. In either option, please include dates from 2018 to present.

   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) Provide an example of public engagement 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)

5) **Art related expenses to be supported by grant***
- ○ *Please select all of the applicable expenses this grant would support if awarded.*

- ❏ Artist Fees
- ❏ Space Rental/Fees
- ❏ Supplies/Materials
- ❏ Technology/Equipment Rental
- ❏ Other [Write-in option]

If awarded, you will be required to submit a final report by the end of 2022, demonstrating how the grant was used to support your artistic practice.

1) **Documentation of New York State Residency (outside of NYC)***
   ○ Applicants will need to submit two (2) official letters or other documentation from the following dates:
     ● **Document 1:** Dated on or before September 2021
     ● **Document 2:** Dated anytime in 2022

Applications who submit documents that are dated outside of the eligible date ranges will not qualify for the grant.
(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.

Applicants need to be 21 years or older on or before Tuesday, September 6, 2022.
(PDF, DOCX, DOC, JPG or PNG accepted upload formats)

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
❏ Male
❏ Transgender Female
❏ Transgender Male
❏ Gender variant/Non-conforming
❏ Prefer not to disclose
❏ Prefer to self-describe
    ❏ [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)?*

- ❏ 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 disclose
- ❏ Prefer to self-describe
    - ❏ [Write-in option]

4) Please select your age range:*

- ❏ 18 to 24
- ❏ 25 to 29
- ❏ 30 to 34
- ❏ 35 to 39
- ❏ 40 to 44
- ❏ 45 to 49
- ❏ 50 to 54
- ❏ 55 to 59
- ❏ 60 to 64
- ❏ 65 to 69
- ❏ 70 to 75
- ❏ 75 to 80
- ❏ 80+
- ❏ Prefer not to disclose

5) Please select your annual household income bracket (please select one):*

❏ $0 to $10,000
❏ $10,001 to $40,000
❏ $40,001 to $86,000
❏ $86,001 to $165,000
❏ $165,001 to $209,000
❏ $209,001 to $524,000
❏ $524,001 or more
❏ Prefer not to disclose

SUBMIT

Once successfully submitted you will receive an email confirmation from Submittable.