



Cuyahoga County CARES

Artist Funds Request Form

SUBMITTING YOUR REQUEST:

Online forms are preferred and available at ArtsCleveland.org/CARES.

Paper request forms must be mailed via USPS to:

Arts Cleveland, ATTN: Cuyahoga CARES for Artists
1900 Superior Ave, Suite 130
Cleveland, OH 44114

Mailed forms must be postmarked **no later than Friday, November, 20, 2020.**

Applicants are responsible for their own postage.

Important note: Arts Cleveland cannot send or receive any CARES funds request forms via email or in-person [other than at the in-person workshop (TBA)]. Paper request forms and supporting material must be submitted by mail, as outlined above.

Request form checklist

- I have answered all Required Questions marked with an asterisk *
- I have answered Eligibility Questions 1 – 8
- I have answered all questions related to income, previous CARES funding and COVID-19-related expenses thoroughly and to the best of my ability
- I have included documentation of my artistic practice with this request form*

*Artists that do not have a website are required to send printed documentation of their artistic practice with this form. Please do not email work samples to Arts Cleveland. You can include up to five (5) pages of printed material. Printed artistic work can include images, literary writing and articles written about your or your artistic practice, with descriptions and dates for each.

Eligibility

* 1. Are you a practicing artist?

This program defines an artist as an independent, creative professional who derives income from creating, performing, teaching or assisting in the development of work in the disciplines of Craft, Dance, Design, Film, Media, Music, Theater & Performance, Traditional Arts, Visual Art, Writing, or Natural History/Natural Sciences prior to March 1, 2020.

Yes

No

* 2. Are you experiencing financial hardships due to the COVID-19 pandemic?

Yes

No

* 3. Are you 18 years of age or older?

Yes

No

* 4. Do you currently live in Cuyahoga County?

Yes

No

* 5. Can you provide a W9 AND a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)?

Yes

No

* 6. Do you serve in any executive capacity at an **organization applying for the nonprofit** Cuyahoga County CARES program through Cuyahoga Arts & Culture (CAC)?

Yes

No

* 7. Do you own or manage in any executive capacity a **performing arts business applying** for Cuyahoga County CARES funding through Arts Cleveland?

Yes

No

* 8. Are you an employee of Arts Cleveland, Cuyahoga Arts & Culture (CAC), or Cuyahoga County government?

Yes

No

Contact Information

Funding is available for artists who live in Cuyahoga County.

* 9. First Name (Legal)

* 10. Last Name (Legal)

11. Public Name (if different than your legal name)

* 12. Enter Your Contact Information

Home Address

Apt/Suite/Unit

City

State/Province

ZIP/Postal Code

Email Address

Phone Number

Creative Practice

This program defines an artist as an independent, creative professional who derives income from creating, performing, teaching or assisting in the development of work in the disciplines of Craft, Dance, Design, Film, Media, Music, Theater & Performance, Traditional Arts, Visual Art, Writing, or Natural History/Natural Sciences prior to March 1, 2020.

* 13. Please select one that *most* reflects your practice. We understand more than one may apply.

- | | |
|--|--|
| <input type="radio"/> Craft (ceramics, fiber, glass, jewelry, metals, textiles, etc.) | <input type="radio"/> Theater & Performance (directing, experimental, live action, playwriting, puppetry, tactical and site performance, etc.) |
| <input type="radio"/> Dance (dancers, choreographers; aerial, ballet, hip-hop, jazz, tap, etc.) | <input type="radio"/> Traditional Arts (work related to the continuity and evolution of a tradition and/or cultural heritage such as cultural dance, cultural music, oral expression, and traditional crafts, etc.) |
| <input type="radio"/> Design (fashion, graphic, industrial, object, all forms of architecture, etc.) | <input type="radio"/> Visual Art (installation, painting, performance art, photography, sculpture, sound art, video, etc.) |
| <input type="radio"/> Film (animation, documentary, episodic, experimental, narrative, etc.) | <input type="radio"/> Writing (fiction, nonfiction, poetry, literature for children, criticism, graphic novels, journalism, arts writing, etc.) |
| <input type="radio"/> Media (work at the intersection of technology, aesthetics, storytelling, and digital cultures, etc.) | <input type="radio"/> Natural History/Natural Sciences |
| <input type="radio"/> Music (composers, musicians; classical, contemporary, experimental, folk, instrumental, jazz, pop, world, etc.) | |

* 14. Provide a URL to your website, social media, press link, or any other digital presence that demonstrates your artistic career.

If you do not have any online presence, please enter "N/A" and [contact Arts Cleveland](#) for further instructions. Please continue filling the remainder of this form while you wait for a response.

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>

* 15. How have you been actively pursuing your creative practice? Check all that apply. (This information will not be used in reviewing applications other than to confirm applicants are actively pursuing their art.)

- My work, or work that I was directly involved in creating, has been presented, exhibited, performed, published or otherwise made publicly available prior to March 1, 2020.
- I have contributed my creative skills to works presented by others.
- I have been interviewed or had my work reviewed in a publication.
- I have given an artist talk.
- I have taught in my discipline.
- I have served on a review panel.
- I have completed a residency program.
- I have received a grant for my art or creative practice.
- I have been otherwise recognized for my art or creative practice through honors or awards.
- None of the above apply to my discipline
- Other (please specify)

Financial

- * 16. Income from art or creative practice (includes sales, commissions, paid gigs, part-time work, fees and other wages.)

Please provide whole numbers only, rounded to the nearest dollar.

2019 total (actual for period January 1, 2019-December 31, 2019)

2020 total (projected for period January 1, 2020-December 31, 2020)

- * 17. How much have you spent/will you have spent between March 1, 2020 and December 30, 2020 on pandemic-related expenses (e.g. new tech, PPE, cleaning supplies, physical distancing signage, upgraded internet bandwidth, remote learning materials, etc.)? Please note the reporting end date is December 30, not 31, per federal guidelines.

Please provide whole numbers only, rounded to the nearest dollar.

Total spent:

- * 18. Did you receive pandemic unemployment assistance?

Yes

No

- * 19. If yes, please list dates and amount below.

Start Date

Date



End Date

Date



* 20. Federal unemployment assistance received in total.

Please provide whole numbers only, rounded to the nearest dollar.

Total received:

* 21. Have you received funding from other CARES programs (other than the federal stimulus check). This does not necessarily exclude you from receiving these funds.

Yes

No

* 22. CARES assistance received in total.

Please provide whole numbers only, rounded to the nearest dollar.

Total received:

* 23. Have you received pandemic relief funding from any privately-funded programs?

Yes

No

* 24. If yes, what program(s) gave you funding?

* 25. Private program funding received in total.

Please provide whole numbers only, rounded to the nearest dollar.

Total received:

Expenses and Impact

* 26. Are you currently facing a dire financial emergency?

For the purpose of this program a "dire financial emergency" is defined as the lack or imminent endangerment of essentials such as housing, medical care, dependent care, food, disability care, and/or studio/workplace rent or mortgage.

Yes

No

* 27. Based on federal poverty guidelines, which of the following reflects your financial situation?

I live at or below 100% of the federal poverty level.

I live at or below 400% of the federal poverty level.

I live at or below 200% of the federal poverty level.

I live above 400% of the federal poverty level.

I live at or below 300% of the federal poverty level.

* 28. Which, if any, of the following factors are affecting your life during this COVID-19 pandemic? Please select all that apply.

I have lost full-time, part-time, or contract-based work due to COVID-19.

I am unsure when I will make any income again.

I have no financial safety net (savings, assets, family resources, etc.).

I have unmanageable debt.

I have medical expenses associated with a diagnosed or suspected case of COVID-19.

I do not have health insurance.

I have a chronic illness or underlying condition.

I am over 60 years of age.

I live with a disability (physical, invisible, or other).

I am financially responsible for dependents (children, elders, others).

I am a single parent.

I am a refugee.

I identify as group that experiences health disparities.

I offer my creative practice for free due to school and business closures.

I offer my creative practice in a high-risk environment without additional hazard pay.

I have incurred additional costs such as PPE, additional travel, new technology or put other costly measures in place as a result of COVID-19.

* 29. In summary, briefly describe how you have been affected by the pandemic including business closures, etc.

Agree and Submit

* 30. By filling in this application I understand and agree that my answers will be accessible only to Arts Cleveland staff. Information may be *aggregated* to inform future programming and/or report to Cuyahoga County on the use of CARES funds. Applicant and recipient names will not be made publicly available without written permission. View more information about Arts Cleveland's [privacy policy](#) on our website.

I agree to these terms and conditions.

* 31. By initialing below, I certify that the information I've provided in this application is true, complete and correct.

* 32. By initialing below, I certify that I will provide receipts for expenses if requested in a timely manner.