



## **INDIVIDUAL ARTIST GRANT FOR FISCAL YEAR 2021-2022**

**Grant limit: Up to \$1,000 per Grantee**

Grant Applications Due to Dakota West Arts Council by **October 1, 2021**

**Directions:** Please type your application in this fillable PDF form. This fillable PDF form must be saved to your computer. Use the latest version of Adobe Reader to complete the fillable PDF. Avoid completing the form online within your web browser using a built-in PDF viewer, or by using MAC Preview (Macintosh OS). Information can be lost using these methods. Once finished please email to [dakotawestartscouncil@gmail.com](mailto:dakotawestartscouncil@gmail.com) with the subject line DWAC Grant 2021 along with any supporting grant materials (photos/sketches/recordings etc) by October 1, 2021. Please note once your project is completed you are required to fill out the Individual Artist Grant Evaluation form to account for your funds, or your funding will not be eligible. Thank you for applying for DWAC granting and your interest and involvement in Public Arts in our community

Grant Recipient Notification and Contracts Issued by Email after: **November 14, 2021**

**All Grant Contracts Must Be Completed, Signed, and Returned to Dakota West Arts Council no later than November 30, 2021.**

Artist Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Web Site \_\_\_\_\_

Project Title \_\_\_\_\_

Artistic Discipline of Proposal \_\_\_\_\_

Project Start Date \_\_\_\_\_

Project End Date \_\_\_\_\_

**Project description:**

**Goals of the Project:**

Describe the goals of the project/event and how the event is relates to arts and culture.

**Audience and Impact:**

Describe your event's target audience, estimated attendance (if applicable) and economic impact to the Bismarck Community.

**Artist resume or bio:**

**Project timeline in your own format:**

**Community Partners:**

List any community partners and what their financial and/or in-kind contribution is, if any.

**Work samples: (please list and submit pictures/video/recording links if applicable)**

**COVID Contingency:**

Please describe possible contingency plans should COVID pause in person activities. Online and creative solutions are welcomed.

**Use of Funds:**

Describe specifically how Dakota West Arts Council grant funds will be used.

**Budget Information:**

**Expenses**

Please itemize your expenses for the proposed project, including your fee as an artist/professional.

Expense Description	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXPENSES _____	\$ _____

**Income**

Please itemize your income, including in-kind donations) for the proposed project.

Expense Description	Amount
Dakota West Arts Council _____ \$ _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL INCOME _____	\$ _____

**Certification and Release**

- I certify that all statements made in this application are true to the best of my knowledge;
- I certify that I am a current resident of Bismarck, ND, and will remain a resident throughout the duration of this project.
- I certify that I am twenty-one years of age or older and am not a graduate or undergraduate student;
- I understand that all the application information has to be completed, if not, the application is considered incomplete and ineligible for funding;
- I acknowledge that Dakota West Arts Council is not liable for loss or damage of materials submitted; and
- I understand that the terms and conditions of this project may vary, pending changes made by Dakota West Arts Council due to unusual circumstances, errors, nature of this grant category, and/or COVID 19 impacts

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Name (printed) \_\_\_\_\_