



Artistic Assistance Project Development Application

- You can use this word document, which contains all application questions as you prepare your application. All information on this document will be transferred by YOU to the [online application form](#).
- Proposal narratives can be submitted in written, video, or audio format. More information about alternative format applications can be found below.

MEMBER INFORMATION

- Lead Applicant First Name
- Lead Applicant Last Name
- Lead Applicant Pronouns
- Email
- Phone Number
- Physical Street Address
- City of Residence
- State of Residence [drop-down menu]

*Members who live in these states are eligible to apply.

1. Alabama
2. Arkansas
3. Florida
4. Georgia
5. Kentucky
6. Louisiana
7. Maryland
8. Mississippi
9. North Carolina
10. South Carolina
11. Tennessee
12. Texas
13. Virginia
14. West Virginia

15. Washington, D.C.

- Postal Code

MEMBER ELIGIBILITY

- Lead Applicant Membership Profile Link
 - Find your profile link by searching our membership directory [here](#). To complete your membership profile, click [here](#). For assistance with your membership profile, contact membership@alternateroots.org.

- If this work is connected to a collective or organization – please list the name.
- Does this entity have an [Organizational Membership](#) with Alternate ROOTS that is separate from the Lead Applicant’s membership?

*Note that organizational membership does not convey membership benefits to individuals. **To apply for partnership in this program, you must be an individual member.***

- [Drop Down]
 - Yes
 - No
- [If No] Would you like to learn more about the Organizational Membership benefits?
- Is this your first time applying for an Artistic Assistance grant from Alternate ROOTS?
 - [Drop Down]
 - Yes
 - No
- If you answered YES that this is your first time applying for Artistic Assistance, have you completed your Conversation of Intent with a ROOTS staff member?
 - *Conversations of Intent are required for all first-time applicants; optional for all other applicants.*
 - [Drop Down]
 - Yes
 - No
- *Have you received an Artistic Assistance grant in Spring 2022, Fall 2022, or Spring 2023?*
 - [Drop Down]
 - Yes
 - No
- *Are you a lead/primary in the 2020 Partners for Change or 2022 Partners in Action program?*
 - [Drop Down]
 - Yes
 - No
- *Do you have any outstanding ROOTS grant or partnership final reports due?*
 - [Drop Down]
 - Yes
 - No

PROPOSAL DETAILS

1. How much are you requesting?

Grants are between \$500-\$5,000. New Members (less than 12 months of membership) are welcome to apply for up to \$2,500.

2. In what city will this work primarily occur?

3. In what state will your work primarily occur?

4. What type of project are you submitting? [Select one the most appropriately aligns]

- a. Community Engagement
- b. Conversation
- c. Excursion
- d. Film
- e. Gathering
- f. Master Class
- g. Partnership Building
- h. Performance
- i. Presentation
- j. Visual Arts Presentation or Exhibition
- k. Workshop
- l. Other

5. What is the primary Artistic Discipline for this work? [Select one the most appropriately aligns]

- a. Cultural Bearing/ Organizing
- b. Dance
- c. Digital/Multimedia
- d. Film
- e. Folk/Traditional
- f. Literary
- g. Music
- h. Photography
- i. Puppetry
- j. Storytelling
- k. Theater
- l. Visual Art
- m. Other

6. Primary Focus Area of your work

Choose one that most closely aligns with your proposal.

7. Stage of Work: Please let us know what stage of development your project is in

- a. New and Evolving (early stages)
- b. Work in Progress (mid-stages of development)
- c. Presentation Ready (ready to present)

8. Please provide a summary of the project. This summary will be used in publications if your request is granted. (150 words max)

9. Narrative: Briefly describe what you are requesting support for? *Be as specific as possible.* (250 words max)

10. Please share about your connection or relationship to the community this work supports.

11. What is the primary goal or challenge this work seeks to address within your community?

12. How does your request fit within the [ROOTS mission](#)? How does it connect to arts, activism, and/or community? (200 words max)

13. What is the timeline for the project? (250 words max)

Include important milestones and key dates during the project period. Please use bullet points.

14. What are the three important milestones you want to accomplish or achieve with this partnership grant funding? (150 words max)

- **Project Work Sample**

Please paste a link to your work sample here.

- Work Sample Link #1: [include details about work samples]
- Work Sample Link #2: [include details about work samples]

- **Artistic Links: Please feel free to share any of your artistic links (website, portfolio, social media, etc.) [Optional, not required]**

- Artistic Link #1:
- Artistic Link #2:

- **Budget:**

- You can submit your own budget document or use the template we provide.
- If your project amount exceeds the amount of your request, please outline confirmed and pending sources of other income in your budget worksheet.
- Please save your budget file with your First and Last Name, Funding Area, Budget (e.g. Mary Jane Professional Development Budget).
- Please attach your Budget here:

Alternative Proposal Formats

Those submitting alternative formats still need to complete the first eight (8) fields on this application AND submit a budget document.

If you opt to submit your application as a video or audio proposal, rather than a written one, please do so through a web platform like YouTube, Vimeo, or SoundCloud.

Video and audio submissions should be no longer than seven (7) minutes maximum and should answer all questions 9-14 above.

Applications created using an alternative format will be judged by the same criteria as written proposals.

- Please share the link to your alternative proposal here.

Demographic Information

This information helps us acquire grants & resources to further support work within our community and the US South. Individual applicant data (including name) will not be shared, duplicated, or distributed

publicly. Additionally, aggregated applicant data will be collected, summarized, and shared in reports to funders and/or the public, without disclosing any personal information.

How do you identify? Please check all that apply.

- Agender
- Bisexual
- Black, Indigenous, or a Person of Color
- Formerly Incarcerated
- Gay
- Gender non-conforming
- Intersex
- Lesbian
- Military
- Non-Binary
- Person with a Disability
- Queer
- Trans
- Two-Spirit
- Youth
- Prefer not to answer

How do you racially/ethnically/culturally identify? Please check all that apply.

- Arab, Arab American, Middle Eastern
- Asian, Asian American
- Black, African American
- Indigenous, Native American, First Peoples
- Latinx, Hispanic
- Native Hawaiian, Pacific Islander
- SWANASAAPI (Southwest Asian/North African/South Asian/Asian/Pacific Islander)
- White, European
- Prefer not to answer

Age Range

- 18-30
- 31-50
- 51-75
- Prefer not to answer

What is your career stage?

- Early/Emerging

Mid
Later/Established

What year did you begin your artistic practice?

You will receive an email confirming your submission approximately 15-20 minutes after submitting.