

Pandemic Payments to Arts Professionals

Cultural Alliance of York County

Elibility

The purpose of this letter of interest (LOI) is to make sure you are eligible for this grant, as well as let us at the Cultural Alliance know who is working on an application so we can offer assistance.

Business/Application Name*

What is the name of your business (if you have one), or provide a title for this application (John Doe Teaching Artist, Jillian Hoover Photography, etc).

Character Limit: 250

Email

Please list your contact email.

Character Limit: 254

Mailing Address

Character Limit: 250

City

Character Limit: 100

Have you lived in Pennsylvania for the last 12 months?

Choices

Yes

No

Documentation*

Will you be able to provide documentation of a loss of \$3,000 or more due to the covid-19 pandemic?

Loss includes:

- Personal illness or illness of a dependent.
- Canceled events, exhibitions, residencies, project delays, etc.
- Loss of revenue due to shut-down orders or capacity limits.
- Travel restrictions.
- Furloughs
- Touring cancellations

- Loss of income for teaching artists

Choices

yes

no

In which County do you reside?*

Funding is available to artists residing in York, Adams, Franklin and Fulton Counties. Grantees must be able to offer physical proof of residence (personal or business) in the full application.

Choices

York

Adams

Franklin

Fulton

I am 18 years of age or older.*

Applicants must be at least 18 years of age.

Choices

yes

What is your artistic, creative or cultural discipline? Please select all that apply.

Choices

Dance

Music

Opera

Musical theatre

Theatre (dramatic, comedy, mime, puppet, etc.)

Storytelling

Visual Arts: 2-dimensional (graphics, painting, etc.)

Visual Arts: 3-dimensional (sculpture, installation, etc.)

Design Arts (architecture, graphic, fashion, etc.)

Crafts (clay, fiber, metal, wood, etc.)

Photography

Media Arts (film, audio, video, etc.)

Literature (fiction, non-fiction, poetry)

Interdisciplinary

Folk/Traditional arts

Humanities

Multidisciplinary

Accommodations

Please let us know of any accommodations you may need to assist you in this process.

Choices

Screen Reader Access

Captions

ASL

Physical Access/Accommodations

Braille

Translation services

Use this space for any additional accommodations you'd like to request.

Character Limit: 2500