

Grant Application



MISISON:

Visual artists often live within narrow financial constraints, even in the best of times. A medical crisis, fire or other emergency can result in a catastrophe.

In response, artists and arts professionals joined together to found EASL (Emergency Artists Support League) in 1992. EASL is operated by a volunteer steering committee, allowing for maximum funds to be distributed to artists in need. In addition to awarding monetary grants, EASL works with a resource of professionals, from social workers to attorneys, who volunteer their time and expertise to help negotiate medical bills.

Though visible when it is raising money, EASL abides by a strict policy of confidentiality regarding disbursement of funds, thereby protecting artists' anonymity and dignity. Contributions mean a great deal to EASL, but it is even more important to the artists and their families.

EASL FUND:

The EASL Fund provides limited financial assistance up to \$5,000 per calendar year to North Texas (within a designated 10-county area) visual artists and visual arts professionals who are in urgent distress due to accidents, emergencies, medical conditions or crises, or loss of personal and/or professional property.

A recipient may receive grants with the maximum amount of \$5,000 per calendar year. If an artist has multiple emergencies (related or unrelated) within a calendar year period, more than one grant might be approved (each requires a separate application), but the TOTAL of all grant amounts may not exceed \$5,000 within one calendar year period.

Each individual is limited to a potential lifetime maximum of \$15,000 of EASL assistance, not to exceed \$5,000 per calendar year, limited to three calendar years of EASL assistance.

Calendar year and lifetime maximum assistance are **NOT** retroactive to previous grant recipients.

In cases where an emergency causes extended loss of work, a grant may cover mortgage payments, rents, car payments, or other living expenses.

Grants are payable directly to service providers or expense holders and not to the applicant.

The E.A.S.L. FUND is a designated fund of the Communities Foundation of Texas, Inc.(CFT), a tax-exempt nonprofit organization, under section 501(c)(3) of the Internal Revenue Code. All grant payments are administered by CFT from the E.A.S.L. Fund held at CFT.

QUALIFYING EVENTS INCLUDE:

- Short- or long-term medical emergency
- Terminal or chronic illness
- Accident or natural disaster resulting in physical trauma/distress or loss of personal and/or professional property
- Other event that creates a crisis situation
- Communities Foundation of Texas, where the E.A.S.L. Fund is held, has the final approval on what constitutes a qualifying event

APPLICANT REQUIREMENTS:

1. Must be one of the following:
 - a. Visual artist pursuing a fine arts career as evidenced by a record of professional exhibition and evidenced of significant involvement in the North Texas arts community for a period of at least two years (vita or resume)
 - b. Visual arts professional of fine art as evidenced by a history of professional activity and evidenced of significant involvement in the North Texas arts community for a period of at least two years (vita or resume)
2. Must live in one or more of the following 10 counties for a minimum of two years: Collin, Dallas, Denton, Ellis, Johnson, Kaufman, Parker, Rockwall, Tarrant, or Wise Counties. Proof of residency in one or more of these counties is required.
3. Applicant is required to show verifiable documented financial need, with proof of financial status (i.e. Fed. Tax Return)
4. Current VITA or Resume of professional art activity to include a record of exhibitions and/or significant involvement in the N. Texas area must be provided
5. References must be provided
6. All Grant Application questions must be answered completely
7. All Grant Application requested documentation and materials must be submitted with application in order for the application to be evaluated

The following people do not qualify for an EASL Grant

- Family members of applicants
- Artists in non-visual art fields

SUBMISSIONS CHECK LIST:

Please include the following with your signed grant application (attach additional pages as necessary):

- Proof of residency (i.e. copy of driver's license, voter registration)
- Current VITA or Resume of professional art activity to include record of exhibitions and/or significant involvement in the North Texas arts community for at least 2 years.
- Proof of financial need (i.e. Fed. Tax Return)
- Documentation of your emergency (i.e. doctor's diagnosis, police or fire report, insurance claim, etc.)
- Receipts, statements or bills of service resulting from the emergency that you are requesting to be funded by this grant

Give your completed application and all supporting documentation to any EASL Steering Committee member, or scan application and all documents and E-mail to: info@EASL.us ... or send by U.S. Mail to:

**EASL Grant Application
P.O. Box 7895
Dallas, Texas 75209**

EASL GRANT APPLICATION - APPLICANT INFORMATION

Name: _____

Street Address: _____

City: _____ State: Texas ZipCode: _____ County: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

E-mail Address: _____

Application Requirements Check List:

1. My Art Career (indicate "a" or "b"):
 - a. Visual artist pursuing fine arts career in the N. Texas area for a minimum of 2 years _____
 - b. Visual arts professional of fine art in the N. Texas area for a minimum of 2 years (a or b) _____
2. I live in one of the following 10 counties for a minimum of two years:
Collin, Dallas, Denton, Ellis, Johnson, Kaufman, Parker, Rockwall, Tarrant, or Wise _____
(County)
3. I have included proof of residency (copy of my driver's license, voter registration, etc.) _____
(Y or N)
4. I have included my current VITA or Resume of professional art activity to include a record of my exhibitions and/or significant involvement in the N. Texas arts community. _____
(Y or N)
5. I have included proof of financial need (i.e. Fed. Tax Return) _____
(Y or N)
6. I have included copies of verifiable documentation of my emergency (i.e. letter from doctor with diagnosis, police or fire report, insurance claim, etc.). _____
(Y or N)
7. I have included copies of receipts, statements or bills of service resulting from the emergency that I am requesting to be funded by this grant application. _____
(Y or N)

What is the nature of your emergency? (Attach separate page if more space is needed)

Date(s) of emergency: _____

Total estimated amount needed for recovery, to pay bills, etc. \$ _____

How much money are you requesting from the EASL Fund? \$ _____

Service Providers:

Funds provided by EASL are payable directly to the service provider(s), not the applicant. Please list, in priority, those who would receive payment from your grant (documentation is required; list additional providers on a separate sheet).

1-Name: _____ Amount: \$ _____
Service Provided: _____

2-Name: _____ Amount: \$ _____
Service Provided: _____

3-Name: _____ Amount: \$ _____
Service Provided: _____

4-Name: _____ Amount: \$ _____
Service Provided: _____

Employment Status (please check all that apply):

Employed Full-time Employed Part-time Self-Employed Unemployed

Please provide employer contact information. If you are not currently employed, list your last employer and employment end date.

Employer: _____

Address: _____

City: _____ State: _____ ZipCode: _____

Phone Number: _____ Length of Employment: _____

Is this emergency preventing you from working in your usual capacity? _____

How long do you anticipate being unable to work in your usual capacity? _____

Please list all sources of income:

What other grants or funds have you received related to this emergency (i.e. Insurance reimbursements and/or payments, fundraising, etc.)?

References. List three (3) references who know about your current situation:

1-Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ ZipCode: _____ Phone: _____

2-Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ ZipCode: _____ Phone: _____

3-Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ ZipCode: _____ Phone: _____

List one professional reference who knows about your current situation:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ ZipCode: _____ Phone: _____

Is there someone we may contact on your behalf if we are unable to reach you?

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ ZipCode: _____ Phone: _____

How did you learn about the EASL Fund?

APPLICANT: I attest that the information provided on this application is accurate and true.

X

Signature

Date

Note to Applicant: Grant applications can take 6 weeks or longer from the time your application is received by EASL to be fully processed. Steps include: (1) verification of all criteria and documentation by EASL's Grant Coordinators, (2) application reviewed by the EASL Steering Committee, (3) EASL submits application to Community Foundation of Texas (CFT) with recommendation to fund, (4) application is then reviewed by CFT's Grant Review Board that meets twice a month, (5) final evaluation by CFT accountants against IRS-guidelines, and (6) CFT issues checks to your creditors or health care providers.

The E.A.S.L. FUND is a Designated Fund of the Communities Foundation of Texas, Inc.(CFT), a tax-exempt non-profit organization, under section 501(c)(3) of the Internal Revenue Code. All grant payments are administered by CFT from the E.A.S.L. Fund held at CFT.