



## **MISSION:**

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 Dallas Foundation is the fiscal sponsor of the EASL fund, a component fund of The Dallas Foundation, a 501(c)(3) publically supported charity, Federal TAX IS 75-2890371.

## **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
- The Dallas Foundation, 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 Evidence of a record of professional exhibition and evidence 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 Evidence of a history of professional activity and evidence 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: 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 documented financial need, with specific information on financial status
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.
- Statement of financial need
- 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 Board Member, or scan application and all documents and E-mail to: [info@EASL.us](mailto: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 Zip: \_\_\_\_\_ County: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email 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 a statement of financial need \_\_\_\_\_  
(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 invoices, itemized 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? Explain in detail- include date(s) of emergency, was it work related? If medical, describe what bills you are requesting to be paid and if insurance has been applied. If your needs are related to personal or professional property, provide details and estimates for replacement. Payment can only be made to vendors. (Attach separate page)**

**Please document your financial need. Please list your yearly income including sources as well as usual expenses. Do you have dependents? A mortgage? Car payments? Other outstanding medical or insurance bills? (Attach separate page)**

**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 (**itemized** documentation is required).

1-Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Service Provided: \_\_\_\_\_

2-Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Service Provided: \_\_\_\_\_

3-Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Service Provided: \_\_\_\_\_

4-Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Service Provided: \_\_\_\_\_

5-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: \_\_\_\_\_ Zip: \_\_\_\_\_

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?** \_\_\_\_\_

**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:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**List one professional reference who knows about your current situation:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**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 3 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 The Dallas Foundation with recommendation to fund (4) application is then reviewed by The Dallas Foundation (5) final evaluation by TDF accountants against IRS-guidelines, and (6) TDF issues checks to your creditors or health care providers within a week.

*The Dallas Foundation is the fiscal sponsor of EASL Fund a component fund of The Dallas Foundation, a 501(c)(3), publicly supported charity, Federal Tax ID 75-2890371.*