

Problem Gambling Awareness Through the Arts Initiative-APPLICATION

Welcome Eastern Connecticut applicants!

The Cultural Coalition is seeking applications from individual artists, creative businesses, or 501c(3) organizations from Eastern Connecticut who are interested in participating in a new “Problem Gambling Awareness Through the Arts Initiative.” Selected participants will receive funding to increase awareness of problem gambling by using art to engage with specific populations such as Black, Latino/a, Indigenous, Asian American and Pacific Islanders cultural communities, or within the LGBTQIA+ or Veteran communities.

Please contact us as soon as possible if you need assistance completing this form.

* 1. Have you read the **GUIDELINES** for this request for applications, including eligibility and details, and you are ready to apply?

Yes

No

* 2. Are you located/based in the Cultural Coalition's service area (*one of the 42 specific municipalities*) in Eastern Connecticut?

Yes

No

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MAIN QUESTIONS

* 3. Legal Name of Organization/Business OR if you are an individual artist, Your Name

4. If applicable, provide DBA

* 5. Primary Contact

Primary Contact

Business/Organization

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Primary Contact Email
Address

* 6. Please identify the **specific population or cultural community** that you have selected to engage in this increased awareness of problem gambling arts-based project. Be as detailed as possible, describing the ethnicity (Haitian, Puerto Rican, Mohegan, Chinese) or race (Black, Latino/a, Indigenous, Asian) or population (Veterans, LGBTQIA+). **(50 words max.)**

* 7. Please **describe the art project or arts-based approach** that you will create and use to increase awareness of problem gambling with the specific community noted above. Identify at least one artform. **(200 words max.)**

* 8. Please **describe the promotion plan and/or method for dissemination of information** related to the art that will be used to increase awareness of problem gambling with the specific community noted above. Multiple layers of engagement or occurrences are encouraged. **(300 words max.)**

* 9. Please Upload the Use of Funds Budget (download & use this [Project Budget template](#))

Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.

Choose File

Choose File

No file chosen

* 10. Please provide a Budget Narrative - explain how the budget/expense allocations support the goals and intended use of funds. (**max. 100 words**)

* 11. How will this project incorporate Relevant, Equitable, Accessible, Diverse and Inclusive - **READI practices**? Note: any in-person public activities must take place in an ADA compliant location. (**200 words max.**)

* 12. Applicant is:

- Individual Artist/Teaching Artist
- Non-Profit Organization
- For-Profit Creative Business



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ARTIST SECTION

* 13. Did you report taxable earned income related to your earnings from your work as an individual artist and/or teaching artist in one or more of the past 2 years of tax returns, **2021 or 2022?**

- Yes
- No

* 14. In your **2021 tax return**, what percentage of your total income was earned as an individual/teaching artist? (% calculated as your individual gross earnings before expenses as an individual/teaching artist as a percentage of your total income from all sources. Use your individual income only, not total household income.)

- Did not report taxable earned income as an individual/teaching artist in 2021 filed tax return
- 1% to 20%
- 21% to 40%
- 41% to 60%
- 61% to 80%
- 81% to 100%

* 15. In your **2022 tax return**, what percentage of your total income was earned as an individual/teaching artist? (% calculated as your individual gross earnings before expenses as an individual/teaching artist as a percentage of your total income from all sources. Use your individual income only, not total household income.)

- Did not report taxable earned income as an individual/teaching artist in 2022 filed tax return
- 1% to 20%
- 21% to 40%
- 41% to 60%
- 61% to 80%
- 81% to 100%

* 16. Where can we learn more about you, your work or business? Please provide website and/or social media-Facebook, Instagram, YouTube links (**max. of 5 links**)

* 17. Please complete, sign, and upload W9 (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.

No file chosen



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Nonprofit Section

* 18. What is your organizational mission? (**50 words max.**)

* 19. Please Upload copy of IRS 501 c3 determination
Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.

No file chosen

* 20. Please Upload **Most Recent and Complete** IRS Form 990 (in entirety) or Form 990-N (e-Postcard)

Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.

No file chosen

* 21. Please complete, sign, and upload W9 (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.

No file chosen



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For-Profit Creative Business Section

* 22. Please Upload Proof of Business Ownership
Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.

No file chosen

* 23. What is your Business Type?

- Sole Proprietorship
- Partnership
- C Corporation
- S Corporation
- Limited Liability Company (LLC)

* 24. Summarize what services your business offers to the public. (**100 words max.**)

* 25. Where can we learn more about you, your work or business? Please provide website and/or social media-Facebook, Instagram, YouTube links (**max. of 5 links**)

* 26. Please complete, sign, and upload W9 (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.

No file chosen



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Statement of Acceptance

* 27. The Cultural Coalition reserves the right to request further information regarding the application.

I understand that the participants in the Problem Gambling Awareness Through the Arts Initiative will be selected based on the application meeting the eligibility criteria, funding availability, and the number of applications received.

If the application is selected, funding will be disbursed following approval and return of a signed grant agreement.

By checking the box below and typing my full name and date, I attest to the accuracy of all information provided and I certify that I am authorized to submit this application on behalf of the business or organization.

Yes

Please provide First and Last Name and Date