Mecklenburg Creatives Resiliency Fund Application Requirements

All applications should be submitted online using the application link provided here. If you do not have access to a computer, please call 704-335-3053 to speak with Liz Fitzgerald, ASC Grants & Services Program Director. Applications received by 9am Monday morning will be reviewed for funding that week. All applicants will receive an email communication regarding their application within 14 days of applying.

Follow this link to access the application: https://www.grantrequest.com/SID_672?SA=SNA&FID=35442

A. Applicant Information:
   - Name (Last, First)
   - Address
   - Tax ID Number
   - Phone Number
   - Email: Most communications related to this fund will be through email. Please be sure you include an email you check frequently.
   - City/County District Numbers
   - Demographic Information: We ask that you share with us some brief demographic information about yourself. This information is not considered in our funding decisions. It does help us to understand if we are reaching creative practitioners from throughout our community with support. It also allows us to share with contributors to the fund how we are serving creatives in a variety of disciplines and communities while maintaining your individual confidentiality.

B. Attachments
   - W9 Form: You can download a blank W9 form at the top of the application. ASC policy requires the staff to collect a W9 from every provider or grantee. The ASC staff uses this document to verify the information in your application and your Electronic Funds Transfer form are accurate.
   - Electronic Funds Transfer (EFT) From: You can download a blank EFT form at the top of the application Mecklenburg Creative Resiliency Fund payments are processed through EFT. This allows the ASC staff to distribute funds as quickly as possible.

C. Proof of Creative Practice
   - We require applicants to verify their creative practice in two ways:
     - You must provide a brief (2 or 3 sentence) description of your creative practice.
• You must provide either a resume OR a link to website where your work is online. For example: a webpage for your creative practice, an Etsy site, a social media account with posters advertising your performances or featuring pictures of your work.
  o We are verifying that you are a practicing artist/creative practitioner. We are not checking to see if your work is “good/bad,” or how much money you are earning in your creative practice. We are simply affirming that your work is aligned with ASC’s mission.

D. Declaration of Need: Please briefly describe your emergency simply so we can better understand if it fits our Fund guidelines of providing emergency support related to COVID-19. Please consider the following:
  o If your request is for cancelled gigs or opportunities, tell us when the job was scheduled for, when it was cancelled, and how much income was lost as part of the cancellation. We ask that you document these lost wages either by sharing written communications about the cancellations (such as an email record) or by providing the contact information for the person/organization that had hired you.
  o If your request is for reimbursement of medical, mental health, or dependent care, please provide a receipt or invoice from the provider outlining the expenses. Please do not send personal medical records. We are verifying the expenses only.
  o This fund will provide a flat $500 to applicants meeting the criteria in these guidelines if designated funds are available. Please be clear how your losses are equal to, or greater, than $500 in financial impact.
  o Advocacy: May ASC share your Declaration for advocacy purposes? Please note that your answer to this question will not be factored into decisions about funding. Applicants may respond:
    o You may share my declaration of need statement without personally identifying information.
    o I am willing to speak with media or prospective funders about the experiences incurred as a result of COVID-19.
    o I do not wish to have the information related to my declaration of need shared with anyone other than those involved in reviewing my application.

DI. Terms and Conditions: Applicants are asked to acknowledge the following statement by signing electronically.
  o No more than one application will be approved per individual through this fund.
  o Individual applicants/recipient will not be publicly identified without your direct consent.
  o By typing your name below, you certify that the information contained in this application, including the attachments and supporting materials, is true and correct to the best of your knowledge.