

Cultural Alliance York Artists Relief Fund

Cultural Alliance of York County

Evaluation Questions

Art Practice Description

Name of Project

Character Limit: 250

Statement of Need*

Please rate the financial statement of need and lost revenue documented in the application

9-10: Demonstrates a severe loss of income much higher than the \$500 limit due to the COVID-19 outbreak that will not be able to be reimbursed.

7-8: Demonstrates a sizable loss of income higher than the \$500 limit due to the COVID-19 outbreak that will not be able to be reimbursed.

4-6: Demonstrates loss of income around the \$500 limit due to the COVID-19 outbreak that will not be able to be reimbursed.

1-3: Loss of income due to COVID-19 not well demonstrated/documentated in this application.

Scoring Options: 1 - 10

Timeliness of Need*

Rank the timeliness of lead the artist documented in their application.

5: The artist thoroughly demonstrates in the application that they have an immediate and dire need due to the loss of income from cancellations documented in this application.

3-4: The artist has provided evidence that they have a clear and serious need due to the loss of income from cancellations documented in this application.

1-2: There is very little specific evidence in the application to show the level of need caused by the cancellations documented in this application.

Scoring Options: 1 - 5

Funding Recommendation*

Based on the information provided, would you recommend providing relief funding to this artist?

Choices

Yes

No

Additional Comments

Character Limit: 2000