

Cultural Alliance York Artists Relief Fund

Cultural Alliance of York County

Artist Information

Mailing Address*

Character Limit: 250

City

Character Limit: 100

State*

Character Limit: 2

Zip Code*

Character Limit: 12

Email

Please list your contact email.

Character Limit: 254

Online Portfolio or Artist Website

Character Limit: 2000

Amount of Lost Funding Requested (up to \$500)*

Please make sure to attach documentation of loss that is equal to or exceeds your request.

Character Limit: 20

Paypal or Venmo Account Information*

Please list your email and account name associated with your Paypal or Venmo account to provide relief funds electronically. If you do not have an account, list NA.

Character Limit: 250

Proposal Information

Art Practice Description*

Please provide a short description of your art form/practice.

Character Limit: 250

Description of Lost Revenue due to COVID-19 and Evidence Submission*

- Use this area to submit a brief summary of the loss of income/revenue you have because of COVID-19, including dollar amount. Use the upload link to provide evidence of lost opportunity/income from a cancelled contract, letter of validation from a local nonprofit/civic leader, venue host, employer or gig organizer announcing the cancellation.
- If asking for travel reimbursement, provide evidence of travel purchase as well as documentation that a refund has not/will not be issued.

Character Limit: 1000 | File Size Limit: 3 MB

Proof of Residency in York County*

Please upload a photo or scan of a bill, your license, or paystub listing your York County home address that matches the address you listed on this application.

File Size Limit: 3 MB

Additional Information/Materials

Please provide any additional documents or materials that you want to share.

File Size Limit: 3 MB

Additional Information Document

File Size Limit: 3 MB

Additional Information Document

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Acceptance and Signature

Authorized Signature

The electronic signature on this document of the person authorized to make legal contracts for Grantee will represent Grantee's acceptance of this award and agreement to comply with the stated terms and conditions of this grant. Please signify your agreement to the foregoing terms and conditions by typing in your name in the space below. You must be an authorized signer duly empowered to make legal contracts for Grantee.

Name*

Character Limit: 50