

**Individual Visual Artist Application for Support
due to the effects of a Natural or Man-made Disaster
2017**

In order to help you more efficiently complete this application, please briefly review its contents in full prior to filling it out.

Section I. Personal Information

Full Name: _____

Other names, such as professional or nickname: _____

Artistic Discipline: _____

Current Address: _____

Previous Address: _____

Other pertinent addresses, such as studio and/or gallery:

Current phone: _____

Home (or previous) phone: _____

Business/Studio phone: _____

Cell: _____

Fax: _____

Email: _____

Website: _____

Social Security Number: _____

Section II. Disaster Information

Natural Disaster Type: _____

Date: _____

FEMA Disaster Declaration Number: _____

Location: _____

The FEMA number may be found online at <https://www.fema.gov/disasters> under Major Disaster Declarations.

Section III. Financial Loss

Approximate amount of financial loss suffered: \$ _____

As much as possible, please itemize and provide details of your financial loss (attach itemization on separate sheet if necessary).

If you are listing value of artwork that was lost or damaged, please note if it is the full retail value, or the amount that would have been received after gallery commission (if you normally conduct sales through a gallery), an approximate financial amount of the materials used for this work, and any additional information that would support sale history and/or your projected income for this year based on sales.

Section IV. Current Circumstances and Assistance Needs:

How did you learn of this grant program? _____

Total amount of support requested from the Joan Mitchell Foundation:

Up to \$6,000 (six thousand dollars) may be requested on this application

\$ _____

Total amount of support already received from other sources (other than family members):

\$ _____

Please describe in as much detail as possible your current circumstances and the type of support you are requesting (for example: immediate food/shelter - health/cleanup - relocation - art materials/career assistance.) In preparing your answer, please consider as appropriate the following questions: Have you had increased expenses? Have you lost, revised or cancelled any future artistic activities? Have you reduced the amount of your artistic output? What positive actions have you taken to address this impact?

Please use separate sheets of paper if needed and attach with any documentary materials available to support your statement.

Have you applied for any other types of support? Please provide as much information as possible about other funding sources.

Section V. Artistic Information

Do you have access to your resume? If not, can you reconstruct it? Please attach any materials (e.g. resume; recent articles; internet sources) that indicate your position as a professional artist.

Do you have access to slides or photos of your work? If yes, please attach 4-8 images. If not, please describe the circumstances making this impossible.

Please provide a brief description of your artistic goals and career to date.

Please provide us with the names, artistic affiliations (job titles), addresses and telephone numbers of at least three professional references. (References can be curators, gallery owners, critics or other artists who are familiar with your work.)

Section VI. Proprietary Information

May we forward the above information to another agency or foundation?

(please check one) _____ YES _____ NO

Do you want all or part of the information set forth in this application to be considered confidential?

(please check one) _____ YES _____ NO

Please indicate what information you would like to remain confidential, if any:

Applicant agrees to provide information for statistical purposes only such as age, gender and other data to demonstrate The Foundation's compliance with requirements of law and to assist The Foundation in meeting its commitment to reaching a diverse community of artists.

Section VII. Certification of Information Provided

_____, being duly sworn, deposes and says that
(Applicant's full name)

all of the information contained in this application and all the documentation submitted in support thereof is true, accurate and genuine to the best of my knowledge.

(Signature of Applicant)

(Date)

Sworn to me this

_____ day of _____, 2017

Notary Public
(please provide official stamp and/or seal of Notary Public)

The Joan Mitchell Foundation reserves the right to verify the information provided within this application form and to request additional information. All information contained herein or obtained in regard to this application will not be considered confidential, unless applicant indicates otherwise herein.

For more info please call 212.524.0100

Please return to the Joan Mitchell Foundation by email, fax or snail mail

grantsupport@joanmitchellfoundation.org

Fax 212.524.0101

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