LMCC

# Creative Learning

# 2027 CREATIVE LEARNING APPLICATION QUESTIONS

## SECTION I: PROGRAM INFORMATION

*This section has four parts:*

- *A: Program Goals and Lesson Plan*
- *B: Teaching Artist(s)*
- *C: Participant Work Samples*
- *D: Program Budget*

### A. PROGRAM GOALS AND LESSON PLAN

***Program Title**

***Primary Artistic Discipline of Program:**

- *Dance*
- *Music*
- *Theatre*
- *Multidisciplinary performance-based work*
- *Film / Digital Arts / New Media*
- *Literary Arts / Writing*
- *Visual Arts*
- *Multidisciplinary media, text, and image-based work*

***Program Summary** (*suggested max: 10 words)*

*Please provide a one sentence description of your program.*
*Example: "Visions" is a weekly dance class series with a final performance.*

***Program Description, Learning Goals, and Impact** *(suggested max: 750 words)*

*Please provide important details about your program (who, what, when, where, and how). Help panelists understand your learning goals and envision what you want the*

*participant to experience. Make sure these are specific, measurable, arts-based, and aligned with the proposed older adult participants.*

***Target Audience, Outreach and Recruitment Plans** *(suggested max: 400 words)*

*Clearly define your target older adult participants for your proposed program. You may define your target participants based on neighborhood, ethnic/cultural/racial community, artistic discipline, skill level, etc.*

*Are you already connected to this group in some way? If so, please elaborate. If not, what are your plans to build relationships, promote the program, and ensure that they are aware of your work?*

*Please describe your recruitment strategies. Methods might include digital and physical publicity materials, demonstrations, visits to the senior center or proposed location, or other activities to generate interest at the venue before the start of the program.*

*If you have successfully utilized these recruitment strategies in the past, you can include information about your past successes here as well.*
*Make sure to describe the registration process, if any.*

***Areas for Adaptation** *(suggested max: 250 words)*

*Describe the potential accommodations to address the accessibility needs and skill level of the older adult participants. Areas to consider: Vision, hearing, mobility, manual dexterity, cognitive/memory, language assistance, familiarity with art form, limited availability per session, etc.*

***Lesson Plan**

*Please provide a lesson plan using << LMCC's Lesson Plan Template>>.*

*The lesson plan should clearly demonstrate the proposed teaching artist's methodologies and curriculum by outlining the program's sessions, activities, and sequential learning goals for **three consecutive sessions**.*

***NOTE**: If a lesson plan for the proposed program is not yet available, you may submit a past lesson plan from a comparable program, audience, or artistic process.*

***Culminating Event** *(suggested max: 250 words)*

*A free, public event available to the senior center and its surrounding community is required as a part of your proposed program. Examples include a presentation, performance, exhibition, reading, or open studio in a culminating nature, or a reoccurring public engagement event, such as a salon or open workshop. Briefly describe potential ideas and considerations for this public component here.*

***NOTE**: If selected, this proposed event can be updated according to the outcome of the program.*

***Total Number of Contact Sessions**

*Enter a whole number not a range.*

*Please provide the number of sessions between the teaching artist and older adult participants. Do not include public program events.*

***ESTIMATE: Total Number of Recurring Participants Expected**

*Enter a whole number not a range.*

***ESTIMATE: Total Number of Drop-in Participants Expected**

*Enter a whole number not a range.*

***Program Start Date: mm/dd/yyyy**

***Program End Date: mm/dd/yyyy**

***These dates are:**

- *Confirmed (verbal or written agreement in place)*
- *Pending (in conversation but not secured)*
- *Aspirational (hoping for them, but unsure at this point)*

***Program Location or Venue Name**

***Program Location or Venue Address**

*Activities must take place in Manhattan.*

***Program location or venue is:**

- *Confirmed (verbal or written agreement in place)*
- *Pending (in conversation but not secured)*
- *Aspirational (hoping for it, but unsure if it will happen)*

## B: TEACHING ARTIST(S)

***Lead Teaching Artist First and Last Name**

*You must have at least one teaching artist confirmed as a creative leader or significant contributor to the program.*

***Describe the lead artist's teaching experience with older adults.**

*(suggested max: 250 words)*

*Please highlight aspects of the artist's biography that connect to this program.*

***Additional Personnel**

*Format your list accordingly:*

- *Name, Title or Role in the Program, confirmed*
- *Name, Title or Role in the Program, confirmed*
- *Name, Title or Role in the Program, pending*

*Please list the names and contributions of any additional teaching artists, collaborators, and administrators that you would like to credit here as responsible for the program's creation, promotion, and culminating event.*

*Use "confirmed" if there's a verbal or written agreement to participate in the program. Use "pending" if you haven't asked the person to participate yet, or they haven't provided an answer.*

**C: PARTICIPANT WORK SAMPLES** ***(one required, one optional)***

***You must include one sample (audio, video, images, or text).***

***You have the option to add a second sample, which can be the same type (i.e. two different video recordings) or a different type (i.e. one video recording and one text sample).***

***It's a good idea to add a second work sample if the program has more than one lead artist or if you'd like to share past work from another program.***

| ***Work sample type: Audio or Video Recording** | ***Work sample type: Images or Text** |
|---|---|
| *Description<br>*Suggested max: 150 words*<br><br>*Please provide context for the panel about what they are experiencing and how it may connect to the proposed program.*<br><br>*URL option<br>*Acceptable hosting sites: YouTube, Vimeo, Dropbox, Google Drive, Bandcamp, SoundCloud, Artist or Organization webpages.*<br><br>***Please do not** submit links that require panelists to be platform users: Instagram, Facebook, TikTok, etc.* | *Description<br>*Suggest max: 150 words*<br><br>*Please provide context to the panel about what they are experiencing and how it may connect to the proposed program.*<br><br>*URL option<br>*Acceptable hosting sites: Dropbox, Google Drive, Artist or Organization webpages.*<br><br>***Please do not** submit links that require panelists to be platform users: Instagram, Facebook, TikTok, etc.* |

| | |
|---|---|
| *Upload option<br>*You may add <u>one</u> file.*<br><br>*Accepted file types for Audio: .aac, .aiff, .flac, .m4a, .mp3, .ogg, .wav, .wma*<br><br>*Accepted file types for Video: .3gp, .avi, .flv, .m4v, .mkv, .mov, .mp4, .mpg, .webm, .wmv*<br><br>*Password (if applicable)<br>*The password must remain the same until April 2027.*<br><br>*Cue point (0:00:00) (if applicable)<br><br>*Panelists are required to review at least <u>2.5 minutes</u> of material. If you do not provide a specific cue point, they will play the sample from the beginning.*<br><br>*If you need technical assistance, please email us **<u>before November 6, 2026</u>**. We need at least 48 hours before the deadline to help troubleshoot the task.* | *Upload option<br>*You may combine 10 images or 10 pages of text into one file, or add up to ten individual files.*<br><br>*Accepted file types for Images: .gif, .jpg, .png, .svg, .tif*<br><br>*Accepted file types for Text: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf*<br><br>*Password (if applicable)<br>*The password must remain the same until April 2027.*<br><br>*Page Range (X-XX) (if applicable)<br><br>*Panelists are required to review at least <u>10 images</u> or <u>10 pages of text</u>. If you do not provide a specific page range, they will review the material from the beginning.*<br><br>*If you need technical assistance, please email us **<u>before November 6, 2026</u>**. We need at least 48 hours before the deadline to help troubleshoot the task.* |

## D. PROGRAM BUDGET

***Program Budget**

*A grid table with columns and rows is provided in the application.*

*When entering numbers, **<u>please do not add "$" into any cells.</u>** It makes the calculations incorrect.*

*For **<u>expenses</u>**, you may use estimates for any numbers you're not sure about. The only expense you <u>must</u> include is a fee to pay the Artistic Personnel. You may enter "0" for any other category that doesn't make sense for your program.*

*For **<u>income</u>**, please include secured or confirmed sources only. For example, if you've received another grant for this project or individual donations, please enter those. If*

*you don't have any confirmed income yet, that's ok. Please leave the section empty. It will not be counted against you.*

*We recognize that tables and grids can be challenging for some applicants to complete. Please email us if you could use support with completing the Program Budget.*

***What is the grant amount that you need to make this program happen?**

*The budget table above will automatically show the balance between your expenses and secured income. Please choose a grant request amount as close to that number as possible.*

*Dropdown: $1,000–$17,500 in increments of $1,000*

## SECTION II: GRANT RECIPIENT INFORMATION

*The "grant recipient" signs the contract with LMCC, receives the funds, and holds responsibility for final reporting. They must have proof of address or residency in Manhattan and any additional documents required by LMCC's funding partners.*

***IMPORTANT:** **You cannot change the grant recipient later** because the application is vetted for funding partner eligibility based on what you choose.*

*ORGANIZATIONAL GRANT RECIPIENT OPTIONS (#1-3 in the box below):*
*The organization must be primarily responsible for creating, promoting, and sharing the program. While they may use the funds to pay artist fees or program costs, they are not serving as a pass-through or fiscal sponsor for artists to access the grant.*

*INDIVIDUAL GRANT RECIPIENT OPTIONS (#4-7 in the box below):*
*Individual artists may apply on behalf of themselves or other artists (i.e. as a member of a group, ensemble, or collective). This person may be unincorporated, a sole proprietor, an LLC, an S-Corps, or have a fiscal sponsor. Eligibility is based on their information.*

***(Select one) In the event of an award, the grant recipient would be:**

1. *Nonprofit Organization (see pages 7-8)*
2. *NY State Chartered Educational Institution (see pages 8-10)*
3. *Government or Quasi-Governmental Entity (see pages 10-11)*
4. *Individual (see pages 11-12)*
5. *Individual with a Fiscal Sponsor in Manhattan (see page 12-13)*
6. *Individual with a Fiscal Sponsor in The Bronx, Brooklyn, Queens, or Staten Island (see pages 13-15)*
7. *Individual Tribal Nation member present within NY State (see pages 15-16)*

The following questions will appear based on which grant recipient you chose.

| **NONPROFIT ORGANIZATION QUESTIONS** |
|---|
| ***Legal Name of the Nonprofit Organization** |
| ***Mission Statement, Vision, and Brief History** (*suggested max: 500 words)* |
| ***EIN of the Nonprofit Organization** |
| ***Year of Incorporation** |
| ***Nonprofit Organization Address**<br>*Nonprofit organizations must be legally registered in Manhattan.* |
| ***UPLOAD: 501(c)(3) IRS Determination Letter**<br>*The address on the document must match the one entered above.* |
| ***UPLOAD: Proof of NYS Charities Bureau Filing (Email) Receipt**<br>*Please upload a copy of the Filing Receipt dated within the last 24 months.* |
| ***NY State Organization Code**<br>*Select the organization code that best describes you as an applicant.* |
| ***Manhattan Community District**<br>*To locate the Community District number, visit: https://boundaries.beta.nyc/?*<br>*Type your address in the search bar.*<br>*Community District will be listed first in the left panel.* |
| ***NYC Council District Number**<br>*To locate the City Council District number, visit: https://boundaries.beta.nyc/?*<br>*Type your address in the search bar.*<br>*City Council District will be listed second in the left panel.* |
| ***UPLOAD: Nonprofit Organization's Financial Statement**<br>*Please upload the most recently filed IRS Form 990 available. If the organization filed a 990N, submit an itemized financial statement of income and expenses for the most recently completed fiscal year.* |
| ***Between FY2024-FY2026, your total operating expenses each year fell within the following range:**<br>● *Under $100K*<br>● *Above $100K →* |
| ***FY2026: Total Operating Expenses** |

| NONPROFIT ORGANIZATION QUESTIONS |
| --- |
| *Enter a whole number not a range. It can be an estimate.* |
| ***FY2025: Total Operating Expenses**<br>*Enter a whole number not a range. It can be an estimate.* |
| ***FY2024: Total Operating Expenses**<br>*Enter a whole number not a range. It can be an estimate.* |
| → ***Upload: Projected Organizational Budget**<br>*Upload the projected organizational budget for the fiscal year in which the program will take place (FY26 or FY27).* |
| → ***Board of Directors and Staff List**<br>*Format your list accordingly:*<br>*Name, Title or Role in the organization*<br>*Name, Title or Role in the organization* |
| ***Nonprofit Organization Signatory's Name and Email**<br>*This is the name of the individual authorized to sign contracts.* |
| ***Nonprofit Organization Signatory's Title** |
| ***Nonprofit Organization Signatory's Phone Number** |

| CHARTERED EDUCATIONAL INSTITUTION |
| --- |
| ***Legal Name of the Chartered Educational Institution** |
| ***EIN of the Chartered Educational Institution** |
| ***Address of the Chartered Educational Institution**<br>*Chartered educational institutions must have an address in Manhattan.* |
| ***UPLOAD: Documentation of NYS charter by the Board of Regents under section 216 of the NY State Education Law**<br>*The address on the document must match the one entered above* |
| ***NY State Organization Code**<br>*Select the organization code that best describes you as an applicant.* |
| ***Manhattan Community District**<br>*To locate the Community District number, visit: https://boundaries.beta.nyc/?*<br>*Type your address in the search bar.*<br>*Community District will be listed first in the left panel.* |

| CHARTERED EDUCATIONAL INSTITUTION |
| --- |
| ***NYC Council District Number**<br>*To locate the City Council District number, visit: https://boundaries.beta.nyc/?*<br>*Type your address in the search bar.*<br>*City Council District will be listed second in the left panel.* |
| ***UPLOAD: Chartered Educational Institution's Financial Statement**<br>*Upload the most recently filed IRS Form 990 if available, or submit an itemized financial statement of income and expenses for the most recently completed fiscal year.* |
| ***Between FY2024-FY2026, your total operating expenses each year fell within the following range:**<br>● *Under $100K*<br>● *Above $100K →* |
| ***FY2026: Total Operating Expenses**<br>*Enter a whole number not a range. It can be an estimate.* |
| ***FY2025: Total Operating Expenses**<br>*Enter a whole number not a range. It can be an estimate.* |
| ***FY2024: Total Operating Expenses**<br>*Enter a whole number not a range. It can be an estimate.* |
| → ***Upload: Projected Organizational Budget**<br>*Upload the projected organizational budget for the fiscal year in which the program will take place (FY26 or FY27).* |
| → ***Board of Directors and Staff List**<br>*Format your list accordingly:*<br>*Name, Title or Role in the organization*<br>*Name, Title or Role in the organization* |
| ***Chartered Educational Institution Signatory's Name and Email**<br>*This is the name of the individual authorized to sign contracts.* |
| ***Chartered Educational Institution Signatory's Title** |
| ***Chartered Educational Institution Signatory's Phone Number** |

| GOVERNMENTAL ENTITY QUESTIONS |
| --- |
| ***Legal Name of the Governmental Entity** |

| GOVERNMENTAL ENTITY QUESTIONS |
| --- |
| ***EIN of the Governmental Entity** |
| ***Address of the Governmental Entity**<br>*Government and quasi-government agencies must have an address in Manhattan.* |
| ***UPLOAD: Proof of authorization, in the form of a formal letter on official stationery, signed by the appropriate county, city, town or village executive, dated within the last 12 months.**<br>*The address on the document must match the one entered above.* |
| ***NY State Organization Code**<br>*Select the organization code that best describes you as an applicant.* |
| ***Manhattan Community District**<br>*To locate the Community District number, visit: https://boundaries.beta.nyc/?*<br>*Type your address in the search bar.*<br>*Community District will be listed first in the left panel.* |
| ***NYC Council District Number**<br>*To locate the City Council District number, visit: https://boundaries.beta.nyc/?*<br>*Type your address in the search bar.*<br>*City Council District will be listed second in the left panel.* |
| ***UPLOAD: Governmental Entity's Financial Statement**<br>*Upload the most recently filed IRS Form 990 available. If the organization filed a 990N, submit an itemized financial statement of income and expenses for the most recently completed fiscal year.* |
| ***Between FY2024-FY2026, your total operating expenses each year fell within the following range:**<br>• *Under $100K*<br>• *Above $100K →* |
| ***FY2026: Total Operating Expenses**<br>*Enter a whole number not a range. It can be an estimate.* |
| ***FY2025: Total Operating Expenses**<br>*Enter a whole number not a range. It can be an estimate.* |
| ***FY2024: Total Operating Expenses**<br>*Enter a whole number not a range. It can be an estimate.* |
| **→ *Upload: Projected Organizational Budget** |

| **GOVERNMENTAL ENTITY QUESTIONS** |
| --- |
| *Upload the projected organizational budget for the fiscal year in which the program will take place (FY26 or FY27).* |
| → ***Board of Directors and Staff List**<br>*Format your list accordingly:*<br>*Name, Title or Role in the organization*<br>*Name, Title or Role in the organization* |
| ***Governmental Entity Signatory's Name and Email**<br>*This is the name of the individual authorized to sign contracts.* |
| ***Governmental Entity Signatory's Title** |
| ***Governmental Entity Signatory's Phone Number** |

| **INDIVIDUAL LOCATED IN MANHATTAN** |
| --- |
| ***Signatory Name and Email**<br>*Please enter the name as it would need to appear on a contract.*<br><br>*If you are acting on behalf of a collective or group, you still need to enter a single individual's name who will be responsible for the paperwork and receipt of funds.* |
| **(Optional) If you're applying on behalf of a group, ensemble, or collective, please enter its name here.**<br>*If the group, ensemble, or collective doesn't have a formal name that you work under, please enter the names of each member.* |
| ***Phone Number** |
| ***Manhattan Address**<br>*This address must match the proof you provide in the next field.* |
| ***Proof of Address**<br>*The address on the document must be the same as the address entered above.*<br>***P.O. Boxes cannot be accepted.***<br>*Upload one (1) copy of one (1) of the following:*<br>● *Utility bill (e.g. electricity, cable, gas, etc.)*<br>● *Bank or credit card statement. Please redact any sensitive information*<br>● *Valid Driver's license or IDNYC*<br>● *Current lease agreement*<br>● *Voter Registration Card* |

| **INDIVIDUAL LOCATED IN MANHATTAN** |
|---|
| ***Manhattan Community District**<br>*To locate the Community District number, visit: https://boundaries.beta.nyc/?*<br>*Type your address in the search bar.*<br>*Community District will be listed first in the left panel.* |
| ***NYC Council District Number**<br>*To locate the City Council District number, visit: https://boundaries.beta.nyc/?*<br>*Type your address in the search bar.*<br>*City Council District will be listed second in the left panel.* |

| **INDIVIDUAL LOCATED IN MANHATTAN + FISCAL SPONSOR IN MANHATTAN** |
|---|
| ***Sponsee's Name and Email**<br>*Please enter the name as it would need to appear on a contract.*<br><br>*If you are acting on behalf of a collective or group, you still need to enter a single individual's name who will be responsible for the paperwork and receipt of funds.* |
| **(Optional) If you're applying on behalf of a group, ensemble, or collective, please enter its name here.**<br>*If the group, ensemble, or collective doesn't have a formal name that you work under, please enter the names of each member.* |
| ***Sponsee's Phone Number** |
| ***Sponsee's Manhattan Address**<br>*This address must match the proof you provide in the next field.*<br>***Addresses in other NYC boroughs are not eligible.*** |
| ***Sponsee's Proof of Address**<br>*The address on the document must be the same as the address entered above.*<br>***P.O. Boxes cannot be accepted.***<br>*Upload one (1) copy of one (1) of the following:*<br>● *Utility bill (e.g. electricity, cable, gas, etc.)*<br>● *Bank or credit card statement. Please redact any sensitive information*<br>● *Valid Driver's license or IDNYC*<br>● *Current lease agreement*<br>● *Voter Registration Card* |
| ***Sponsee's NYC Council District Number**<br>*To locate the City Council District number, visit: https://boundaries.beta.nyc/?*<br>*Type your address in the search bar.* |

| **INDIVIDUAL LOCATED IN MANHATTAN + FISCAL SPONSOR IN MANHATTAN** |
|---|
| *City Council District will be listed second in the left panel.* |
| ***Sponsee's Manhattan Community District**<br>*To locate the Community District number, visit: https://boundaries.beta.nyc/?*<br>*Type your address in the search bar.*<br>*Community District will be listed first in the left panel.* |
| ***Legal Name of Fiscal Sponsor** |
| ***EIN number of Fiscal Sponsor** |
| ***Fiscal Sponsor's Manhattan Address**<br>*This address must match the proof you provide in the next field.*<br>***Addresses in other NYC boroughs are not eligible.*** |
| ***UPLOAD: Fiscal Sponsor's 501(c)(3) IRS Determination Letter** |
| ***UPLOAD: Fiscal Sponsor's proof of NYS Charities Bureau Filing (Email) Receipt**<br>*Please upload a copy of the Filing Receipt dated within the last 24 months.* |
| ***UPLOAD: Fiscal Sponsorship Agreement**<br>*The Agreement must include the fiscal sponsor's role and responsibilities.* |
| ***Fiscal Sponsor Signatory's Name and Email** |
| ***Fiscal Sponsor Signatory's Title** |
| ***Fiscal Sponsor Signatory's Phone Number** |

| **INDIVIDUAL LOCATED IN MANHATTAN + FISCAL SPONSOR IN THE BRONX, BROOKLYN, QUEENS, OR STATEN ISLAND** |
|---|
| ***Sponsee's Name and Email**<br>*Please enter the name as it would need to appear on a contract.*<br><br>*If you are acting on behalf of a collective or group, you still need to enter a single individual's name who will be responsible for the paperwork and receipt of funds.* |
| **(Optional) If you're applying on behalf of a group, ensemble, or collective, please enter its name here.**<br>*If the group, ensemble, or collective doesn't have a formal name that you work under, please enter the names of each member.* |
| ***Sponsee's Phone Number** |

| **INDIVIDUAL LOCATED IN MANHATTAN + FISCAL SPONSOR IN THE BRONX, BROOKLYN, QUEENS, OR STATEN ISLAND** |
|---|
| ***Sponsee's Manhattan Address**<br>*This address must match the proof you provide in the next field.*<br>***Addresses in other NYC boroughs are not eligible.*** |
| ***Sponsee's Proof of Address**<br>*The address on the document must be the same as the address entered above.*<br>***P.O. Boxes cannot be accepted.***<br>*Upload one (1) copy of one (1) of the following:*<br>● *Utility bill (e.g. electricity, cable, gas, etc.)*<br>● *Bank or credit card statement. Please redact any sensitive information*<br>● *Valid Driver's license or IDNYC*<br>● *Current lease agreement*<br>● *Voter Registration Card* |
| ***Sponsee's NYC Council District Number**<br>*To locate the City Council District number, visit: https://boundaries.beta.nyc/?*<br>*Type your address in the search bar.*<br>*City Council District will be listed second in the left panel.* |
| ***Sponsee's Manhattan Community District**<br>*To locate the Community District number, visit: https://boundaries.beta.nyc/?*<br>*Type your address in the search bar.*<br>*Community District will be listed first in the left panel.* |
| ***Legal Name of Fiscal Sponsor** |
| ***EIN number of Fiscal Sponsor** |
| ***Fiscal Sponsor's Address**<br>*This address must match the proof you provide in the next field.* |
| ***UPLOAD: Fiscal Sponsor's 501(c)(3) IRS Determination Letter** |
| ***UPLOAD: Fiscal Sponsor's Proof of NYS Charities Bureau Filing (Email) Receipt**<br>*Please upload a copy of the Filing Receipt dated within the last 24 months.* |
| ***UPLOAD: Fiscal Sponsorship Agreement**<br>*The Agreement must include the fiscal sponsor's role and responsibilities.* |
| ***Fiscal Sponsor Signatory's Name and Email** |
| ***Fiscal Sponsor Signatory's Title** |

| **INDIVIDUAL LOCATED IN MANHATTAN + FISCAL SPONSOR IN THE BRONX, BROOKLYN, QUEENS, OR STATEN ISLAND** |
|---|
| ***Fiscal Sponsor Signatory's Phone Number** |

| **INDIVIDUAL TRIBAL NATION MEMBER PRESENT WITHIN NEW YORK STATE** |
|---|
| ***Signatory Name and Email**<br>*Please enter the name as it would need to appear on a contract.*<br><br>*If you are acting on behalf of a collective or group, you still need to enter a single individual's name who will be responsible for the paperwork and receipt of funds.* |
| **(Optional) If you're applying on behalf of a group, ensemble, or collective, please enter its name here.**<br>*If the group, ensemble, or collective doesn't have a formal name that you work under, please enter the names of each member.* |
| ***Phone Number** |
| ***Name of the Tribal Nation** |
| ***Address**<br>*We can accept applications from Tribal Nations located anywhere in NYS, regardless of the county.* |
| ***Proof of Address**<br>*The address on the document must be the same as the address entered above.*<br>*PO Boxes cannot be accepted.*<br>*Upload one (1) copy of one (1) of the following:*<br>● *Utility bill (e.g. electricity, cable, gas, etc.)*<br>● *Bank or credit card statement. Please redact any sensitive information*<br>● *Valid Driver's license or IDNYC*<br>● *Current lease agreement*<br>● *Voter Registration Card* |
| ***Proof of Association**<br>*Please provide any documentation available to you that shows association with the Tribal Nation.* |

## SECTION III: DEMOGRAPHIC SURVEY

***This section is internal for LMCC staff only.***

*We request this information to learn about our community, improve our work, and report anonymized, aggregated information to our funding partners.*

*To the best of your ability, please complete the following questions about the lead artist named in Section 1. If you are the lead artist, please respond accordingly.*

*If you are completing the application on behalf of another person, please confirm their consent to disclose the information, or simply choose "prefer not to answer."*

| |
|---|
| ***I am completing this section:**<br>● *as the lead artist listed in Section 1.*<br>● *on behalf of the lead artist in Section 1.* |
| ***With which of the following do you most closely identify?**<br>● *African American or Black or Caribbean*<br>● *Asian or Asian American*<br>● *Hispanic or Latine*<br>● *Middle Eastern or North African*<br>● *Native American or Alaskan Native or Indigenous*<br>● *Native Hawaiian or Pacific Islander or Samoan*<br>● *White*<br>● *Multi-Racial or no single group*<br>● *Prefer to describe*<br>● *Prefer not to answer* |
| ***With which of the following do you most closely identify?**<br>● *Agender*<br>● *Genderqueer*<br>● *Man*<br>● *Non-binary*<br>● *Transgender Man*<br>● *Transgender Woman*<br>● *Woman*<br>● *Prefer to describe*<br>● *Prefer not to answer* |
| ***Do you identify as a person with a disability?**<br>● *Yes*<br>● *No*<br>● *Prefer to describe*<br>● *Prefer not to answer* |
| ***What is your age?** |

- *18-24*
- *25-34*
- *35-44*
- *45-54*
- *55-64*
- *65-74*
- *75 and older*
- *Prefer not to answer*

***What is your highest level of educational attainment?**

- *Less than high school*
- *High school graduate or equivalent*
- *Associate's degree*
- *Bachelor's degree*
- *Master's degree*
- *Doctorate*
- *Prefer not to answer*