LMCC

SU-CASA

2027 SU-CASA MANHATTAN APPLICATION QUESTIONS

SECTION I: PROGRAM INFORMATION

This section has three parts:

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

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)*

Please 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.

Please make sure to describe the registration process, if any.

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

Please 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.*

***Estimate: Total Number of Contact Hours Proposed**

Enter a whole number not a range.

***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**

***Proposed Schedule for Sessions** *(suggested max: 100 words)*

Example: Weekly class on Tuesdays, 2:00–4:00 pm, or two sessions a week on Monday and Friday, 1:00–2:30 pm

- *Please take into account that older adult centers are generally open from Monday through Friday, 8:30 am–4:00 pm, and closed on the weekends.*
- *This schedule is merely a proposal. If selected, final program schedules will be determined in collaboration with the older adult center.*
- *Please include set-up and clean-up time for each session, if applicable.*

***Language to Conduct Sessions In**

- English
- Russian
- Spanish
- Mandarin
- Cantonese
- Additional language not listed here →

Please select all languages with which you would be comfortable conducting proposed project activities at a conversational level or above.

***NOTE**: If selected, LMCC will make your center assignment based on your answer.*

→ Additional Language Spoken (if applicable)

B: TEACHING ARTIST(S)

You will fill this section out for one or two artists depending on whether you chose to apply as an individual or a collective.

***Teaching Artist's Name**

Please list the name as you would like it listed publicly.

Alias or Other Name(s) Used Publicly (if applicable)

***Describe the artist's teaching experience with older adults.** *(suggested max: 250 words)*

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

Artist Website

***Number of Total Teaching Artists Involved**

Enter a whole number not a range.

Please enter the total number of teaching personnel, including yourself (or the collective duo), and any additional guest artists you may be recruiting to instruct a session.

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 *Suggested max: 150 words* *Please provide context for the panel about what they are experiencing and how it may connect to the proposed program.* *URL option *Acceptable hosting sites: YouTube, Vimeo, Dropbox, Google Drive, Bandcamp, SoundCloud, Artist or Organization webpages.* ***Please do not** submit links that require panelists to be platform users: Instagram, Facebook, TikTok, etc.* *Upload option *You may add one file.*	*Description *Suggest max: 150 words* *Please provide context to the panel about what they are experiencing and how it may connect to the proposed program.* *URL option *Acceptable hosting sites: Dropbox, Google Drive, Artist or Organization webpages.* ***Please do not** submit links that require panelists to be platform users: Instagram, Facebook, TikTok, etc.* *Upload option *You may combine 10 images or 10 pages of text into one file, or add up to*

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

D. LOCATION SELECTION

We anticipate working with 30 older adult centers in 2027 located across Manhattan's ten (10) City Council Districts (three (3) centers in each District).
You may select up to three (3) City Council Districts in priority order for which you would like to be considered for your designated senior center partner if selected.

Designations will be made based on your selections. Please only select each District once, and only indicate the District(s) in which you are interested in working and commuting.

Please Reference the City Council District map here:
https://council.nyc.gov/map-widget/

***Choice 1**

Dropdown: Manhattan City Council District 1-10

***Choice 2** *Dropdown: Manhattan City Council District 1-10*
***Choice 3** *Dropdown: Manhattan City Council District 1-10*
***Are you open to conducting your project outside of the district(s) indicated above?** *If you answer "yes," you may be placed at any of the participating centers in Manhattan. Please make sure it would be feasible for you to travel to any City Council District before answering.*

SECTION II: APPLICANT PROFILE

This section has two parts:

- *A: Main Contact Information*
- *B: Demographic Survey*

This information will be used to generate a contract, pending selection and verify the NYC residency requirement.

This section is internal for LMCC staff only.** **Panelists cannot access it.

A: MAIN CONTACT INFORMATION
***Legal First and Last Name** *Please enter the name as it would need to appear on a contract.*
***Preferred Pronouns**
***Home Address**
***Proof of Address** *The address on the document must be the same as your main point of contact address entered above. P.O. Boxes are not eligible.* *Choose one (1) copy of one (1) of the following:* ● *Utility bill (e.g. electricity, cable, gas, etc)* ● *Bank or credit card statement. Please redact any sensitive information* ● *Valid Driver's license or IDNYC (Reminder: address must match address above)* ● *Current lease agreement*

- *Voter Registration Card*

***NOTE**: Proof of address document must be dated within the last three (3). The document must be legible and demonstrate the individual's physical address in Manhattan, which matches the applicant's address entered above.*

***Your City Council District**

Please identify the City Council district number based on your address.
Please reference the City Council District map here: https://council.nyc.gov/districts/

***Main Contact Email Address**

***Main Contact Email Address**

B: DEMOGRAPHIC SURVEY

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 main contact listed above. If you are the main contact 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:**

- *as the main contact listed above.*
- *on behalf of the main contact listed above.*

***With which of the following do you most closely identify?**

- *African American or Black or Caribbean*
- *Asian or Asian American*
- *Hispanic or Latine*
- *Middle Eastern or North African*
- *Native American or Alaskan Native or Indigenous*
- *Native Hawaiian or Pacific Islander or Samoan*
- *White*
- *Multi-Racial or no single group*
- *Prefer to describe*
- *Prefer not to answer*

***With which of the following do you most closely identify?**

- *Agender*
- *Genderqueer*
- *Man*

- *Non-binary*
- *Transgender Man*
- *Transgender Woman*
- *Woman*
- *Prefer to describe*
- *Prefer not to answer*

***Do you identify as a person with a disability?**

- *Yes*
- *No*
- *Prefer to describe*
- *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*