

Name (please print)

Active Living & Culture Cultural Services Branch 1435 Water Street Kelowna, BC V1Y 1J4 kelowna.ca/culture

COMMUNITY ART APPLICATION

Community Art Application

Complete either Section A or B A – for artist/individual applications Name: Address: Postal Code: Phone: Email: Website: B- For organizations/group applications Organization/Group Name: Address: Phone: Postal Code: Registered Society No.: Registered Charitable No.: Non-Profit Society Charity Date of Incorporation: Contact Name: Title: Phone: Email: Alternative Contact (optional): Title: Phone: Email Declaration This declaration is to be signed by two signing officers. I certify to the best of my knowledge that the information provided in this application is accurate and complete and I agree to the following conditions if this application is successful: Grant funds must be applied to current expenses and must not be used to reduce or eliminate accumulated deficits or to retroactively fund activities; I/we will make every effort to secure funding from other sources as indicated in this application; I/we will maintain proper records and accounts of all revenues and expenditures and, upon the City's request, will make all records and accounts available for inspection by the City or its auditors; If there are any changes in the activities as presented in this application, Cultural Services must be notified in writing immediately and approve such changes; In the event that the grant funds are not used for the activities as described in the application, they are to be repaid to the City in full. If the activities are completed without requiring the full use of the City funds, the remaining City funds are also to be returned to the City; The financial assistance of the City of Kelowna must be acknowledged on all communications and promotional materials relating to the activities as presented in this application, such as programmes, brochures, posters, advertisements, websites, news releases and signs. Acknowledgement is provided by using the City of Kelowna logo in accordance with prescribed standards; Receipt of a grant does not guarantee funding in the future. Signature Title Date Name (please print) Signature Title

Date

GENERAL OVERVIEW

Community Art Grant Request: \$
Project Name:
Discipline(s) relevant to project (if multidisciplinary, check all applicable boxes): Dance Music Theatre Visual Literary Craft Film/Video/Media Arts
Proposed Date(s):
Proposed Location(s):
1. Provide a brief understanding of the project concept. What will be created? By whom? Using what means? For what purpose? (1500 characters maximum)

COMMUNITY ART OBJECTIVES

2.	How does your project encourage the creation of publicly accessible, perman have artistic merit and community benefit?	nent or temporary artworks that (500 characters maximum)
3.	How does your project foster community pride, identity and cohesion throug endeavor and the creation of artwork legacies?	h a collaborative artistic (500 characters maximum)
4.	How does your project support local leadership in community art projects whartists and other design professionals?	nile respecting the role of the (500 characters maximum)

5. Describe	e how your project	reflects the	diversity, need and ambitions of the larger community? (500 characters	maximum)
PROJECT M	ANAGEMENT AN	D DESIGN		
			gners and leaders involved with your project team and a b	rief
	ion of the role they ttach an additional		ttach a current CV or resume of artistic contributors.	
Name & Ti		Artistic	Brief description of roles and responsibilities	CV or
		or		Resume
		Logistic		Attached

	ion or group. For organizations: mandate, brief hist ose, and why you are working together.	ory. For collectives: description of (500 characters maximum)
	artners, collaborators, key stakeholders, and volunt on of how you will work together. Do not list the pro nal page if required.	
Organization, Contact Name & Phone Number	How will you work with this partner? How does leverage human or financial resources?	collaboration with this partner

^{*}Please ensure your partners are aware of the content of this application. They may be contacted to confirm participation and level of commitment.

9.	Who in the community will be engaged to padoing.	rticipate in the p	oroject? Desc		oo characters maxi	
			I			
	umber of community participants expected					
	umber of volunteers required					
Es	stimated number of volunteer hours required					
	·					
10.	How will you invite the community to particip	pate in your pro	ject? How wi	ll you build ii	nterest? (750 characters	maximum)
10.	·	pate in your pro	ject? How wi	ll you build ii		maximum)
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Timeline/Date(s) Activity	
2. Where will the creative activity for your project take place? Will you be us	ing more than one location? Please
explain.	(250 characters maximum)
<u>'</u>	

13.	Will the	e artwork crea	ated be insta	lled in a perr	manent location	n?				
□ Y	'es	□No	(jump to Q15	5)						
		ribe the instal		on and provi	de the reasons	why y	ou selected		e maps and characters ma	
	a.	Is the locati	ion accessible	a to the publ	ic?		´es			□No
	b.			•	operty owner		'es (attach l	etter of co	mmitment)	☐ No
	I£ + £:									
		k to its perma			ne creation site omplete?	e, wnat	t are your pi		characters ma	
15	What t	vne of on-goi	ng care mair	ntenance or	protection mi	aht he	needed for	the artwor	k once it is i	nstalled?
_		ill be respons	-		•	giic be	necded for		characters max	

Project Expenses	Expenses to be paid with Grant Funds	+ Expenses to be paid with other cash contributions	+ Expenses to be provided by an in-kind donation	= Tot Expens
Total	(a) \$	(b) \$	(c) \$	(d)\$
Total	(u) v	(0) 0	(-) -	(-/-
	ut the table below a	and include the specific		
v. What are the sources of revenue? Please fill o involved. Note: Do not include this 2019 Com	ut the table below a	and include the specific	group, agency, or busi	
. What are the sources of revenue? Please fill on involved. Note: Do not include this 2019 Com Other Funding Sources	ut the table below a munity Art Grant as	and include the specific s a source of revenue. Is this a cash or in-kind	group, agency, or busi	ness source
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v. What are the sources of revenue? Please fill o involved. Note: Do not include this 2019 Com Other Funding Sources	ut the table below a munity Art Grant as Amount (e) \$	Is this a cash or in-kind contribution?	group, agency, or busi	ness source

16. What are the total costs of your Project? How will 2019 Community Art Grant funds, other cash and in-kind

support be allocated?

PROJECT OUTCOMES

18. What are the goals that you hope to achieve through the project?

Goal 1:
How will this be met utilizing a creative process?
How will it be measured?
Goal 2:
How will this be met utilizing a creative process?
How will it be measured?
Goal 3:
How will this be met utilizing a creative process?
How will it be measured?

18.	What benefits will community members gain from participation in your project?	(750 characters maximum)
19.	How will you work to ensure that your project is accessible and inclusive for anyone participate regardless of age, ability, orientation, ethnic/cultural background, socio	
20.	Exhibits, events, photos, videos, blogs, sketches and other media can create interedocumentation of the community involvement in a community art project. Describshare a record of the community's participation in your project. If your project is te include how you plan to share your project with the general public.	oe how you will create and

Supporting	Document	Checklist
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Completed application – signed original
CV or resume of key artistic personnel (Q6)
Additional materials (sketches, photos, etc) that will support the description and vision of your project.

If any of the above is missing, your application will be ineligible for adjudication.

Answer all questions on the form concisely, and include all of the requested supporting materials – use the provided checklist to ensure that your application is complete.

Applicants will also be able to receive feedback from staff after the grant decisions have been made.

Funds dispersed through City of Kelowna Community Art Grants must be spent, according to the submitted plan within 12 months of the grant award. If the funds are not spent, they must be returned. If you are facing challenges carrying out your project, please contact Cultural Services staff.

Submission: Open-Intake

Deliver completed and signed application form along with digital support documents on Flash Drive and other supporting materials by the deadline to:

Community Art Program
City of Kelowna Cultural Services Branch
City Hall
1435 Water Street
Kelowna, BC V1Y 1J4

HOURS: Monday-Friday 8:00am-4:00pm (closed on Statutory Holidays)

Or email a scanned copy or digitally signed PDF, and required support materials, to:

Christine McWillis
Cultural Services Manager
cmcwillis@kelowna.ca

*If sending via email, please ensure you receive confirmation of submission.