

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):
 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, permanent have artistic merit and community benefit?	or temporary artworks that (500 characters maximum)
3.	How does your project foster community pride, identity and cohesion through a cendeavor and the creation of artwork legacies?	collaborative artistic (500 characters maximum)
4.	How does your project support local leadership in community art projects while reartists and other design professionals?	especting the role of the (500 characters maximum)

5. Describe how your	project reflects the o	diversity, need and ambitions of the larger community? (500 characters	maximum)
	MENT AND DESIG		
description of the r	s of local artists, desig	gners and leaders involved with your project team and a b tach a current CV or resume of artistic contributors.	rief
Name & Title	Artistic or Logistic	Brief description of roles and responsibilities	CV or Resume Attached

	cion or group. For organizations: mandate, brief histo ose, and why you are working together.	ory. For collectives: description of (500 characters maximum)
	partners, collaborators, key stakeholders, and volunte on of how you will work together. Do not list the proj nal page if required.	
Organization, Contact Name & Phone Number	How will you work with this partner? How does of 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.

	Who in the community will be engaged to pa doing.	rticipate in the p	oroject: Descr	aracters maximum)
Νι	umber of community participants expected			
Νι	umber of volunteers required			
Es	timated number of volunteer hours required			
10.	How will you invite the community to particip	oate in your proj	ject? How will	est? 50 characters maximum)
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Timeline/Date(s)	Activity
12. Where will the creat	ive activity for your project take place? Will you be using more than one location? Please
explain.	(250 characters maximum)

13.	Will the	e artwork cr	reated be inst	alled in a perr	manent locatio	n?				
	res .	□ N	o (jump to Q	15)						
			allation locat materials.)	ion and provi	de the reasons	why yo	u selected i		naps and paracters max	
	a. b.			ole to the publ on from the pr	lic? operty owner?	☐ Ye		tter of comn	nitment)	☐ No ☐ No
				ferent from th on once it is c	ne creation site omplete?	, what a	are your pla		nd/or mov	
			-	aintenance or ? Will there bo	protection mige e any costs?	ght be n	eeded for tl		once it is in	

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	= T Expe
		Contributions	donation	
Total	(a) \$	(b) \$	(c) \$	(d)\$
	out the table below a	and include the specific		
r. What are the sources of revenue? Please fill of involved. Note: Do not include this 2019 Con	out the table below a	and include the specific	group, agency, or busi	ness source
7. What are the sources of revenue? Please fill of involved. Note: Do not include this 2019 Con	out the table below a nmunity Art Grant a Amount	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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7. What are the sources of revenue? Please fill of involved. Note: Do not include this 2019 Con Other Funding Sources City of Kelowna Community Art Program*	out the table below a nmunity Art Grant a Amount	and include the specific s a source of revenue. Is this a cash or in-kind	group, agency, or busi	ness source
7. What are the sources of revenue? Please fill of involved. Note: Do not include this 2019 Con Other Funding Sources City of Kelowna Community Art Program* Total Cash Revenue	Amount (e) \$	Is this a cash or in-kind contribution?	group, agency, or busi	ness source
7. What are the sources of revenue? Please fill of involved. Note: Do not include this 2019 Con Other Funding Sources City of Kelowna Community Art Program*	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 Community Art Grant funds, other cash and in-kind support

Please fill out the table below indicating the allocation of cash, grant request and in-kind donations. Then total all three columns for each expense line (Grant Funds + Other cash contributions + In-kind donation =

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?

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 intere documentation of the community involvement in a community art project. Describ and share a record of the community's participation in your project. If your project	e how you will create
moveable, also include how you plan to share your project with the general public. characters maximum)	(500
Supporting Document Checklist	
Completed application – signed original	
CV or resume of key artistic personnel (Q6)	
Additional materials (sketches, photos, etc) that will support the description and vi	ision 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 materia checklist to ensure that your application is complete.	als – use the provided
Applicants will also be able to receive feedback from staff after the grant decisions have been n	nade.

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.