

# Arts and Health Grant\_AHG\_FY26\_c1

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*Rhode Island State Council on the Arts - Organizations*

## *Guidelines & Template Forms*

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Quick links to required templates and helpful resources.

### **Resources:**

- Arts and Health Grant Guidelines (RISCA website) - For reference.
- Evaluation Criteria (PDF) - For reference.

### **Templates:**

- Project Plan Template (Excel) - Required.
- Project Budget Template (Excel) - Required.
- Work Sample List Template (Word) - Required.
- Fiscal Sponsor Sample Letter (Word doc) - Optional.

## *Info for the RISCA Staff: Eligibility Checklist & Required Uploads*

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### **Are you a nonprofit organization or fiscally sponsored organization based in Rhode Island?\***

We are a nonprofit organization or fiscally sponsored by a nonprofit organization that fits the following criteria:

- Conducting business and incorporated in the State of Rhode Island as a 501(c)(3) with tax exempt status from the Internal Revenue Service.
- Registered with the R.I. Secretary of State.
- Governed by a revolving board of directors, trustees or advisory board drawn from the community at large and shown to be actively involved in the governance of the organization.
- To confirm nonprofit status with the state, visit R.I. Secretary of State's online database.

Note: Divisions, branches, departments, programs, or other subunits of nonprofit corporations, colleges, or universities are ineligible to apply on their own. Applications may be submitted only by the parent corporation.

### **Choices**

YES  
NO

**Are you applying using a Fiscal Sponsor?\***

**Choices**

YES  
NO

**Eligibility Checklist\***

Select all that apply, see grant guidelines for definitions.

**Choices**

- This project is not receiving direct funding from another RISCA grant.
- This organization is not applying for another RISCA grant at the same deadline.
- This organization is not receiving GOSO funds from RISCA.
- This program occurs in spaces that are ADA\* compliant.
- The funded portion of the project activity takes place in Rhode Island.
- This organization has a Unique Entity ID (UEI). If not, see below.

**If this organization does not have Unique Entity ID (UEI).\***

I will reach out to the RISCA program director for instructions on how to apply without a UEI.

**Choices**

YES  
NO

**Health professional(s) and/or subject matter expert(s):\***

Did you consult with a health professional(s) and/or subject matter expert(s) in planning this project and to determine the evaluation process for the health / public health benefit?

**Choices**

YES  
NO

\* To learn more about what it means to be ADA compliant, click this link to read the NEA’s Accessibility: Publications, Checklists, & Resources.

**Required Eligibility Uploads and Information:**

**Legal name of your Organization or Fiscal Sponsor?\***

This is the name of the nonprofit listed on the 501(c)(3) Determination Letter.

*Character Limit: 150*

**Unique Entity ID (UEI)\***

The Unique Entity ID (UEI) is a 12-character Unique Entity Identifier (UEI) assigned by the federal System for Awards Management (SAM). As of April 2022, a UEI is required of any entity

receiving federal funds, including RISCA grants. This process is 100% free - beware of websites and third party services that try to charge you for your UEI.

*Character Limit: 12*

### **UPLOAD: 501(C)(3) Determination Letter (saved as PDF).\***

We are required to grant out federally sourced funds to non-profit organizations. If you are not a federally registered 501(c)3 non-profit, this is a letter you will need from your fiscal sponsor. Upload a copy of your letter from the IRS confirming your organization's tax-exempt status. If you are using a fiscal sponsor, please upload the 501(c)(3) determination letter for the sponsor organization.

*File Size Limit: 5 MB*

### **UPLOAD: Submit your latest IRS form 990 or 990-N (saved as PDF).\***

Please upload a recent 990 or 990-EZ from one of your past three fiscal years. A 990 is the type of annual tax return 501(c)(3) nonprofits file. We need this document so we know that your nonprofit is in good standing.

- If you are not a federally registered 501(c)(3) nonprofit, this is a document you will need from your fiscal sponsor.
- If your non-profit is new and hasn't completed a 990 yet, submit a Word document that states "Our non-profit is new and hasn't completed a 990 yet."
- If your annual operating budget is under \$50,000, please upload your most recently filed form 990-N e-Postcard.

*File Size Limit: 15 MB*

### **I will accept partial funding.\***

If my application is not selected for full funding, I will accept partial funding. The minimum award will be 50% of the request or \$1,000, whichever is higher. Note: the answer to this question is NOT seen by the panel and does not impact your score.

#### **Choices**

YES

NO

### ***Nonprofit organization not incorporated in Rhode Island.***

If the answer was "NO" you are not a nonprofit organization incorporated in the State of Rhode Island, you may still be eligible.

### **Although we are incorporated in a state outside of Rhode Island, we:**

- Show our principal place of business is in Rhode Island.
- Are registered with the R.I. Secretary of State's office.

- Produce programming predominantly in Rhode Island.
- Are governed by a revolving board of directors, trustees or advisory board drawn predominantly from the Rhode Island community.

### Choices

YES

NO

## *Fiscal Sponsor Information*

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### Fiscal Sponsor Name

If you answered no to the question "Are you a 501(c)(3) nonprofit organization?", what is the legal name of the 501(c)(3) nonprofit organization fiscally sponsoring your application?

*Character Limit: 250*

### UPLOAD: Fiscal Sponsor Letter - if applicable (saved as PDF).

If you are using a fiscal sponsor to apply for this grant, please upload a letter on official letterhead from the sponsor organization, stating their agreement to act as sponsor for the grant. For reference: You can download a "**fiscal sponsor template letter**" with sample text, located at the top of this application under *Guidelines and Template Forms*.

*File Size Limit: 1 MB*

NOTE: If a grant is awarded to a fiscal sponsor, it is understood that the sponsor organization is financially, administratively, and programmatically responsible for all conditions of the grant. The fiscal sponsor is also responsible for signing the contract, achieving compliance, and ensuring the submission of final report forms.

## *Info for the Panel: LOGISTICS*

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### WHO YOU ARE:

If you are applying for funds via a fiscal sponsor, you will answer all questions from the perspective of your organization.

### Organization Name/DBA\*

*Character Limit: 250*

### Organization Mission\*

In 2-3 sentences, please provide the mission and principal vision of your organization.

*Character Limit: 500*

**Project Name\***

Please provide a brief two- to five-word title for your proposed project.

*Character Limit: 100*

**Project Summary\***

Please summarize your project in two or three sentences. Include intended participants, arts experience, and health or public health benefit. NOTE: This summary will be the description of your project on all public records. Please use a third person description.

Example: XYZ artist offers an adaptive movement program for adult cancer survivors and staff in XYZ rehabilitation facility to improve mobility for the patients and to promote positive social connections.

*Character Limit: 350*

**Amount Requested\***

You can request up to \$7,000. Numerals only. Round to the nearest dollar, between \$500 and \$7,000.

*Character Limit: 20*

**Pilot or Existing Project?\***

Is this a new/pilot project? Or is this an extension of an existing project?

**Choices**

Pilot Project

Existing Project

**Project Type (select one).\***

Check which one best describes the type of project this is:

**Choices**

Health

Public Health

**When will this project take place?**

Note this project must take place within the RISCA fiscal year July 1 – June 30.

**Project Start Date:\***

*Character Limit: 10*

**Project End Date:\***

*Character Limit: 10*

**Project Location (address)\***

Where will this project take place? Please list the venue name and address with city and zip code (e.g. XYZ Senior Center – Main Street, Providence, RI 02903). If you have not confirmed

the location yet, please give us as much information as you can or write “not confirmed”.

*Character Limit: 250*

## Intended Participants/Audience (select all that apply).\*

### Choices

Children under 5.  
 Children/Youth (5-18 years).  
 Young Adults (19-24 years).  
 Adults (age 25-64 years).  
 Older Adults (65+ years).  
 Veterans/Military.  
 Communities recovering from trauma or disaster.  
 English Language Learners (ELL). \*  
 Immigrant communities.  
 Individuals below the poverty line.  
 People Experiencing Incarceration/Re-entry.  
 People with Disabilities. \*  
 People from the LGBTQ+ community.  
 Rhode Islanders without permanent residence (i.e. unhoused).  
 Rural populations.  
 BIPOC/ALAANA communities.  
 Other Population/Community (please explain).

## Other (please list).\*

If you checked "Other Population/Community" above, please list below.

*Character Limit: 250*

\* **English Language Learners (ELL)** - People whose primary language is not English and need support in learning English.

\* **People with Disabilities** - Includes people with cognitive, social/emotional, and/or physical disabilities.

## Name of Artist(s) involved\*

List of names of Artist(s) or Art and Culture Partner(s) and their artform. E.g. Ann Martin, dance/movement

*Character Limit: 250*

## Health/Subject Matter Expert(s)\*

List the name of your health/subject matter expert(s) and organization affiliation (if relevant). This may be the same person as the project coordinator. *E.g. Chaya Lee, Activities Therapist, Green Senior Center.*

- **For Health projects:** Artists need to partner or consult with a health professional(s) and/or subject matter expert(s).

- **For Public Health projects:** Artists need to partner with a public health agency or social service or community-based organization.

*Character Limit: 250*

### **Project Coordinator\***

This may be the artist or the health expert or an additional person. Please include the first and last name of the project coordinator and their work title, or affiliation (e.g. "Activity Therapist" or "Healing Arts Program Director").

*Character Limit: 250*

### **Name of additional partner organization(s), if any, and their role(s)**

e.g. XYZ Library, venue space

*Character Limit: 250*

### **UPLOAD: Project Plan (saved as PDF).\***

Please upload the Project Plan using RISCA Template.

Show all the major steps involved in accomplishing your project, when they are happening, and who is doing them. Depending on your project, your plan might span just one month or over several months.

*File Size Limit: 5 MB*

### **Metrics for Success (check all that apply).\***

What are the goals of this project, and what will you be measuring? Please select all that apply, note that your project should NOT have all of these as goals.

Goal of Health projects: Utilize the arts to improve quality of life and promote environments conducive to individual and group health and well-being.

Goal of Public Health projects: Utilize the arts to address the social determinants of health\* and to promote the artists as partners in strategies to build healthy communities for all Rhode Islanders.

*\* According to the Centers for Disease Control and Prevention (CDC), the social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, along with the wider set of forces and systems shaping the conditions of daily life.*

Examples of Metrics for Success measurements:

- **Provide direct health benefits.** For example, this may include increased physical activity, stress-reduction, increased social cohesion, and/or better coping with medical and mental health conditions.
- **Increase health service, equity and access.** For example, this may include increase in access and engagement, improved dialogue, even about difficult issues and across difference, reduced stigma and isolation.

- **Create safe, inclusive and engaging environments.**
- **Support social, culture & policy change.**
- **Strengthen health communication.** For example, this may include disseminating health information rapidly to large and diverse audiences; model and influence health behaviors; shift in cultural narratives.

Select all that apply from the list below.

### Choices

Provide direct health benefits.

Increase health service, equity and access.

Create safe, inclusive and engaging environments.

Support social, culture & policy change.

Strengthen health communication.

Other #1 - if applicable.

Other #2 - if applicable.

### Other # 1 (if applicable)\*

Briefly describe what you plan to measure.

*Character Limit: 250*

### Other # 2 (if applicable)\*

Briefly describe what you plan to measure.

*Character Limit: 250*

### I understand and agree that RISCA funds will not be used for:\*

- Capital improvement projects, like the construction or renovation of buildings or major permanent equipment purchases.
- Addressing, eliminating, or reducing existing debt or for contributions to an endowment fund.
- Development or fundraising, such as social events or benefits or any fundraising expenses.
- Entertainment and hospitality, including expenses for activities such as receptions, parties, galas, etc. Specific costs that have a core programmatic purpose and are included in your budget may be allowable.
- Prizes and awards for an event, person, and/or organization.
- Regranting the funds to other artists or organizations through an application or award process.
- Activities that are associated with a graduate or undergraduate degree program or for which academic credit is received.
- Applications for projects that proselytize or promote religious activities, or which take place as part of a religious service.



- Programming, performances, and exhibitions unavailable and/or inaccessible to the public. This includes programming that occurs in a space that does not comply with the Americans with Disabilities Act.
- Expenses incurred or activity happening outside of the award period.

### Choices

YES

NO

### UPLOAD: Project Budget (saved as PDF).\*

All applications must include their Project Budget using the official RISCA template.

- Download the **RISCA Project Budget Template** using the link located at the top of this application under Guidelines and Forms.
- Please use the notes section in the budget form to explain your project income and expenses related to this project. Be specific about hourly or daily rates for artists and other key members involved. Project income must equal project expenses. For help completing the budget, [check out this video](#).
- Once the project budget form is completed, save as a PDF. Then click below to upload and attach the project budget to your application.

*File Size Limit: 5 MB*

## *Info for the Panel: ARTISTIC VIBRANCY & IMPACT*

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### How is art central to this project?\*

*Character Limit: 1000*

### How will the artist/artists provide a positive and purposeful experience for the participants?\*

*Character Limit: 1000*

### How does this project provide access or engage underserved communities as identified by the NEA?\*

Refer to the intended participants/audiences the applicant identified under “Logistics.”

*Character Limit: 1000*

### UPLOAD: bio/resume/cv of artist(s) involved (saved as PDF).\*

If there is more than one artist involved, combine the bio, resume or cv from each artist into one single PDF before uploading.

*File Size Limit: 5 MB*

**LINK: Organization website, if available.**

*Character Limit: 2000*

**LINK: Artist website, if available.**

*Character Limit: 2000*

**LINK: Artist social media, if available.**

*File Size Limit: 5 MB*

**LINK: Creative Ground profile (if available).**

*Character Limit: 2000*

**UPLOAD: Work Samples List (saved as PDF).\***

Please describe each piece of art, including the title, year, medium, any additional technical details, and 1-3 sentences of context about why you feel these work samples, show the artist(s) involved in the project have experience relevant to this project. Use the Artistic Work Sample template under resources at the beginning of the application.

*File Size Limit: 5 MB*

**LINK: Documentation of up to 3 work samples.\***

- Please share up to three work samples showing the artist(s) involved in the project have experience relevant to this project. This may include images, video, audio, and/or writing. Pieces of art include, but are not limited to: a short film; a graphic novel; a dance; a painting; a piece of jewelry; a song; a sculpture; a performance in a public place; a poem; a class/lesson/workshop you taught or work of your students; or a quilt.
- You may submit a maximum of: 10 images; and 10 minutes of video; and 10 minutes of audio; and up to 20 pages of writing.
- Note: All files must be in a Google Drive folder, open to everyone with the link or link and password.

*Character Limit: 2000*

**Password to Google Drive folder, if necessary.**

If you do not want to make Google Drive folder password protected, open the folder in Google Drive. In the top right corner, click "Share". Click "Get shareable link" in the top right of the "Share with others" box. To choose whether a person can view, comment, or edit the file, click the Down arrow next to "Anyone with the link."

*Character Limit: 50*

***Info for the Panel: HEALTH BENEFIT***

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## Arts and Health\*

**Briefly describe a health need/challenge and how engaging with the arts\* will improve health and quality of life for individuals and/or communities.** Include how the health and/or community partners are integral to the design and implementation of the project. This should directly relate to the selected metrics to measure under “Logistics.”

- For Health focused projects: Describe how the arts experience will enhance quality of life and promote individual and group health and well-being. Intended benefits may include improving mood, physical function or social connections.
- For Public Health focused projects: Describe how the arts and culture activities will address one or more of the social determinants of health (SDOH) to provide a public health benefit in Rhode Island communities.

*\*These arts engagements are non-clinical experiences. They may have therapeutic outcomes but are not intended as treatment or to cure an illness.*

*Character Limit: 1000*

### **UPLOAD: bio/resume of health professional/subject matter expert (saved as a PDF).\***

If there is more than one health professional/subject matter expert involved, combine the bio or resume from each health professional/subject matter expert into one single PDF before uploading.

*File Size Limit: 5 MB*

### **UPLOAD: Testimonial (saved as PDF).\***

This can be quotes, a short testimonial, or some other statement from a person or people who has experience with this program, organization, or the artist(s).

*File Size Limit: 5 MB*

## *Info for RISCA Staff: CONGRESSIONAL DISTRICT*

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### **U.S. Representative District (Select 1 or 2)\***

To look up your congressional district:

- Visit the United States House of Representatives Find Your Representative page: <https://www.house.gov/representatives/find-your-representative>
- Enter your zip code. If necessary, enter your street address.
- Select the district below, it will be either the 1st Congressional District or the 2nd Congressional District of Rhode Island.

## Choices

- 1
- 2

## Assurances

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The applicant agrees to abide by all the **General Terms and Conditions and Assurances** as outlined at <https://rules.sos.ri.gov/regulations/part/220-30-00-13>, and has reviewed this information prior to submitting this application. By submitting your application, you are agreeing to abide by all of these federal and state terms and conditions if you receive support from RISCA. The applicant understands that all grant applications are considered on a competitive basis. No applicant is guaranteed funding at any level, even if all basic criteria have been met. Prior funding does not guarantee support in current or future years. The applicant understands that all RISCA grant award programs are contingent upon the availability of funds from the General Assembly of the State of Rhode Island and the National Endowment for the Arts, a federal agency.

The applicant will assure that it and any organization assisted by it will comply with Titles I - IV of the Americans with Disabilities Act of 1990 (PL 101-336), as amended, Title VI and VII of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq., PL 88-352) as amended, Sections 503 & 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Equal Employment Opportunity Act of 1972 (PL 92-261), Rhode Island Executive Order #19, 1977, and where applicable, Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), to the end that no person in the United States shall, on the grounds of race, color, religion, sex, age, national origin, handicap, or sexual orientation, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the applicant received financial assistance from the Council.

All data, documentation, and material prepared and submitted by the grantee for the fulfillment of the grant contract will remain the property of the grantee. RISCA reserves the right to reproduce grantee products for educational, promotional, and noncommercial purposes, both electronically and in print.

## Certification\*

The applicant certifies that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of their knowledge, and that the applicant is eligible as specified in the guidelines. The applicant agrees to all above conditions.

## Choices

I/we agree to the above Assurances.

**The deadline for this application is 11:59 PM on the deadline day. THERE ARE NO EXCEPTIONS.**

**Signature\***

Enter your full name, job title (e.g., Anne Smith, Executive Director).

*Character Limit: 250*

**Organization Name\***

*Character Limit: 250*

**Today's Date\***

*Character Limit: 10*