Artist Open Studio Tour Grant_AOST_FY27

Rhode Island State Council on the Arts - Individuals

Applicant Eligibility

Eligibility Quiz*

Select all that apply, see **AOST Guidelines** for definitions:

Choices

I am a legal resident of the United States.
I have lived in Rhode Island for more than one year as of the date of this application.
I am over 18 years of age.
I am not currently enrolled in an arts degree seeking program or attending high school full time.
I am not a current recipient of the General Operating Support for Artists (GOSA) grant.
This event takes place in Rhode Island.
This event is taking place in an ADA compliant location or locations.

Project Information

Name of Applicant*

Character Limit: 250

Vendor Name

Please list the name of the vendor (If different than applicant) who will receive the grant funds if awarded the AOST grant. This is the individual or organization that is the approved vendor with the State of Rhode Island. For more details on how to become an approved vendor, visit the state website: https://ridop.ri.gov/ocean-state-procures-osp/osp-vendor-registration/vendor-registration

Character Limit: 250

Name of Event*

Character Limit: 30

Date(s) of Studio Tour*

Character Limit: 10

Location(s) of Studio Tour*

Please list all buildings and addresses that will participate in the open studio tour.

Character Limit: 750

List of Anticipated Expenses*

List the anticipated project expenses that the $750 grant award would be used for (e.g. marketing expenses, administrative costs, stipend, etc.).

Character Limit: 750

Payee Name and Address

If you are awarded the grant and would like it to be paid to another entity, list the entity name and mailing address. The entity we are paying must be an approved vendor with Ocean State Procures, regardless if the entity is you, another person, a nonprofit, or a business.

Character Limit: 250

Support Materials

Tentative list of artists*

Please list artists you expect will participate in the open studio tour. Include their websites, if possible.

Character Limit: 1000 | File Size Limit: 2 MB

Bio and/or resume of lead applicant*

Please attach a bio and/or resume of the person submitting this application, who will be the lead organizer/coordinator of the event.

File Size Limit: 2 MB

Letter of Commitment/Support*

Please provide one short letter of support or commitment from either an additional participating artist, studio space, or studio building.

File Size Limit: 2 MB

INFO FOR RISCA STAFF: Congressional District

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 1st Congressional district or 2nd Congressional district of Rhode Island.

Choices

1
2

Assurances

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

YES
NO

Signature*

Enter your full name.

Character Limit: 250

Today's Date*

Character Limit: 10