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| nterlace Em | ergency Grai | nt (2023-24) |
| Date * | | |
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| SECTION 1: CO | NTACT INFORM | MATION |
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| | | |
| Name * | | |
| First Name | | |
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| Last Name | | |
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| Legal Name (if | different, necess | sary for receiving a check if you are awarded funds |
| First Name | | |
| | | |
| Last Name | | |
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| Address * | | |
| Country | | |
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| Select | (/forms/initial/edit/d4dbd13c-1f50-478a-bb9f-dc4c4176b167) |
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| Address | |
| Address Line 2 (optional) | |
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| City | |
| State, Province, or Region | Zip or Postal Code |
| Email * | |
| email@example.com | |
| Phone | |
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SECTION 2: EMERGENCY SITUATION

Please describe your emergency below. There is space to either write a description *OR* upload video or audio of your emergency. **You only need to submit <u>one</u> written description OR one audio/video file - not both.**

Acceptable emergency circumstances include but are not limited to:

- housing and food instability
- · utility shut-off
- healthcare expenses
- phone or internet service interruption

| | rgency nere. Provide details — for example, list (forms/initial/edit/d4dbd13c-1150-478a-bb9f-dc4c4176b167) hen utilities might be shut off — and its impact. |
|--|--|
| - | tail about your situation the better. Please also |
| how this affects the urgency of y | ed to the care of others (elder, parent, child) and |
| now this affects the digericy of y | our situation. |
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| | Limit: 300 words |
| | Limit: 300 words |
| OR | |
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| | |
| 2 minuto may vidoo or audio dos | scription of the specific emergency you are |
| seeking support with. | scription of the specific emergency you are |
| | |
| | Characteristic |
| | Choose File |
| Upland a file. No files have been attached | |
| Upload a file. No files have been attached | |
| .mpg, .webm, .wmv | a, .mp3, .ogg, .wav, .wma, .3gp, .avi, .flv, .m4v, .mkv, .mov, .mp4, |
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| | |
| Amount Requested * | |
| | |
| | |
| Please enter an amount between \$100 - \$ | 5500 |
| | |
| | |

SECTION 3: VISUAL ARTS PRACTICE (please submit ONLY ONE of the following)

This is a grant for **practicing visual artists**. If you are not primarily a visual artist but have a visual arts (/forms/initial/edit/d4dbd13c-1f50-478a-bb9f-dc4c4176b167) practice, make sure you upload images that are representative of your work in the visual arts.

There is space to either upload files OR submit a link. You only need to submit files OR one link - not both.

Please submit one of the following: 3 - 5 images, CV, resume, or a video that relates to your visual arts practice (2 min max)

Choose File

Select up to 5 files to attach. No files have been attached yet. You may add 5 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .3gp, .avi, .flv, .m4v, .mvv, .mp4, .mpg, .webm, .wmv

OR

Please submit one of the following: Link to website / digital portfolio / visual artsfocused social media page, link to online recorded public presentation/program, CV, or resume

example.com

SECTION 4: IDENTITY VERIFICATION

Please submit one of the following:

- A link to your artist website or a public social media account with a reasonable-length history that features your current or recent artwork (even if you shared this link above, please re-share it here)
- A link to an online article or website that verifies your identity as an artist
- If you are unable to submit one of the above and would still like to apply, please contact us at interlacefund@gmail.com (mailto:interlacefund@gmail.com)

| SECTION E | NEMOCRA BUILO INICORMA TIONI |
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| | DEMOGRAPHIC INFORMATION |
| This information is are not required. | s collected for statistical purposes and to help us better serve our community. Response |
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| Date of Birth | of Applicant (MM/DD/YYYY) |
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