

Indigenous and African Heritage Teaching Artist Grant (TAG) Application - 2023

INTENT

Overview

The Teaching Artist Grant (TAG) program provides financial support to artists who were disproportionately impacted by the COVID-19 pandemic, specifically Indigenous and African heritage teaching artists.

As the Creative Capital, the City of Providence is invested in the continued development of a vibrant local arts culture. Post-pandemic, however, many local artists continue to struggle with the deep economic impacts of COVID-19. With funding support from the City, Interlace is partnering with AS220 to protect the City's beloved and renowned arts culture by supporting artists disproportionately affected by the pandemic.

TAG awards range from \$1,000 to no more than \$8,000 and support Providence Indigenous and African heritage teaching artists, who were among the hardest hit by the pandemic.

This program is supported by the City of Providence's American Rescue Plan Act (ARPA) funding, which has provided over \$3 million to the Providence arts economy in an effort to support local artists and organizations as they work to rebound from the deep economic impacts of the pandemic.

This grant fund is co-administered by The Interlace Grant Fund and AS220.

Review & Selection Process

Award decisions will be informed by a point system, and **final selections will be made by an independent jury** consisting of local Indigenous and African heritage leaders.

The quantity and dollar amount of the grants awarded will be contingent on the number of applicants reaching threshold qualification. Awards will range from \$1,000 to no more than \$8,000.

Anonymized aggregate data about awardees will be shared publicly, but names of awardees will only be shared in a meeting of the Art and City Life Commission. Interlace will share details about the jury after awards have been disbursed.

ELIGIBILITY

Checking “yes” to EITHER or BOTH the Indigenous or African Heritage box is necessary to be able to fill out the application. Definitions for these demographic categories come from the [African American Ambassadors Group \(https://aaagpvd.com/truth/\)](https://aaagpvd.com/truth/) and the [Report of The Providence Municipal Reparations Commission \(https://www.providenceri.gov/wp-content/uploads/2022/08/ReparationsRecommendationsReport_FINAL.pdf\)](https://www.providenceri.gov/wp-content/uploads/2022/08/ReparationsRecommendationsReport_FINAL.pdf).

Note: If neither of these definitions describes your background, applying for this opportunity is not appropriate. Moreover, in the spirit of generosity and compassion, applicants are encouraged to apply using the **honor system**; please review the above description of intent when considering applying for this opportunity.

In order to be considered complete, applicants also must select and verify **ONE checkbox for documentation of lost income**. See below for detail.

Applicants also must: be 18+, live in or have a studio in one of Providence's 15 wards, and be able to verify lost teaching artist income or increased expenses due to COVID-19 (see below).

CONTACT INFO

Please provide the required contact information below.

Name *

First Name

Last Name

Note: If awarded a grant, **you will be responsible for accepting the grant in your name by submitting a W-9**. Funding will then be disbursed to you and a 1099 will be issued in your name. You will also be responsible for **communicating with Interlace**, submitting a **final report**, and **paying taxes** on the award amount.

Legal Name (if different from above – necessary for receiving a check if you are awarded funds)

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Email Address *

Phone Number *



How did you hear about this grant? (Check all that apply) *

- Instagram
- Facebook
- Interlace Newsletter
- City of Providence Newsletter or Email
- AS220 Newsletter
- Poster
- Friend
- Other

If "other" please explain

Demographic Information

Please check the box or boxes below that describe your heritage.

Checking “yes” to EITHER or BOTH the Indigenous or African Heritage box is necessary to be able to fill out the application. Definitions for these demographic categories come from the [African American](https://forms/initial/edit/3185c9e9-3feb-4629-aaa1-0dfef4ad8c44)

[Ambassadors Group \(https://aaagpvd.com/truth/\)](https://aaagpvd.com/truth/) and the [Report of The Providence Municipal Reparations Commission \(https://www.providenceri.gov/wp-content/uploads/2022/08/ReparationsRecommendationsReport_FINAL.pdf\)](https://www.providenceri.gov/wp-content/uploads/2022/08/ReparationsRecommendationsReport_FINAL.pdf).

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Indigenous

"Indigenous People: People who are a part of social and cultural groups that share collective ancestral ties before the European settlement of Providence and Rhode Island, including the natural resources where they live, inhabit, or from which they have been displaced."

African Heritage

“African Heritage People: An ethnic group consisting of people with ancestry originating from sub-Saharan Africa. Today, the city’s African heritage residents include, but are not limited to, African American, African, Bi-racial, Afro-Latino, Cape Verdean, and Afro-Caribbean.”

Race / Ethnicity of Applicant (in your own words) *

Date of Birth of Applicant (MM/DD/YYYY) *

Pronouns *

Required Application Questions

Please answer all required questions below to the best of your ability.

Current Home or Studio Address *

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

Your address must be within the Providence city limits, and you must be able to receive mail at this address.

Please use this box to add any clarifying information about your address, if needed.

Were you born in Providence? *

Yes

No

Other

If "Other" please explain:

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Did you attend primary school (ages 6-11) in Providence ? If so, what years and where? *

Did you attend secondary school (ages 12 - 18) in Providence? If so, when and where? *

Did you attend after-school arts programming in Providence? If so, when and where? *

Did you attend vocational training in Providence? If so, when and where? *

Have you worked (volunteer or employed) in the arts with community organizations or entities in Providence and in what context? Please describe ALL

the work you have done in this context, in sentence OR list/bulleted format. *
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How many years have you been a teaching artist (formally or informally) in Providence and in what context? Please describe ALL the work you have done, in sentence OR list/bulleted format. *

Income Level: What is your average annual income for the past 5 years? *

- Under \$25K
- \$25-35K
- \$35-45K
- \$45-55K
- \$55-65K
- \$65K and above

What is your current household size? *

How many people live with you at your home address?

How many (if any) dependents do you have? *

A dependent is anyone, usually a child or an elderly person, whom you are legally responsible for. Dependents rely on you for significant financial support such as food, shelter, education, and healthcare; if you provide more than half of their total support for the year, you can consider them as your dependent. **Please use the same number that you use on your tax forms.**

COVID-BASED FINANCIAL HARDSHIPS: LOST INCOME AND INCREASED EXPENSES and VERIFICATION

Please note that you are **only required to have ONE verified type of COVID-Based Financial Hardship**. Checking any ONE of the below boxes and providing accompanying verification detail is adequate to qualify for a TAG award. If you have experienced more than one type of hardship, **please select the hardship below that is easiest for you to verify**.

Similarly, **verification options all have equal weight**. It will not help your application to choose any particular form of verification. Choose ONE option that is easiest for you.

Types of lost income and increased expenses (select one) *

- Hourly or salary position income - Did you work a part-time OR full-time hourly OR salaried (W-2 / on payroll, where taxes were taken from your paycheck) arts education job where your hours were cut? Or was there was an expectation that you work unpaid hours to manage the COVID-19 crisis? Please indicate where you were employed and provide one type of verification (see Verification section below).
- Gig income - Did you have planned arts education gigs (lessons, workshops, presentations, community performances, etc.) that were canceled, cut back, or that you could not take on because of the COVID-19 pandemic? Please describe and provide one type of verification (see Verification section below).
- Lost opportunity - Were you at a point in your career where you had been recently credentialed (formally or informally) and ready to begin work as an arts educator but could not because of the COVID-19 pandemic? Please describe and provide one type of verification (see Verification section below).
- Equipment for virtual teaching - Were you required to pay out of pocket for anything related to your work as an arts educator such as: Zoom account, lighting, mic, monitor, soundproofing, etc?
- Childcare or other type of caregiver expenses - Did the pandemic require that you take on additional childcare or other type of caregiver expenses to continue your work as an arts

educator?

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- Healthcare - Did the pandemic require that you take on additional healthcare expenses for yourself or dependents to continue your work as an arts educator?
- Other

If "Other" please describe:

Verification of Lost Income or increased expenses (select one) *

- A. Lost income: A reference who can speak to your work and is a staff member at an organization or agency where you have done either salary or contract arts education work. Please include an email address, phone number, and job title for this person.
- B. Lost income: Link to website of an organization where you are listed as an artist educator.
- C. Lost income: Documentation from an organization that was intending to hire you as an artist educator and withdrew the offer because of pandemic-related cancellations (promotional materials, letter on organization's letterhead or copy of email from organization email verifying canceled opportunity)
- D. Lost income: Rescinded contracts
- E. Increased Expenses: Receipts for purchases

Please provide related documentation below.

If you selected A or B above, please provide the requested information in the text box below:

If you selected C or D or E above, please upload the requested information:

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Choose File

Select up to 3 files to attach. No files have been attached yet. You may add 3 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .zip

You may upload up to 3 files or a zipped file, but **only ONE upload is required** (one piece of documentation, one contract, one receipt).

If none of the above verification methods work for you (for example if your teaching artist work has happened in the context of private lessons, non-institutionally affiliated clients, a space that is not typically considered an "arts" space, etc.), please use this space to explain.

Thank you!

Thank you for applying for a TAG award! Please reach out with questions about the application process or if you need any assistance. We can be reached at interlacefund@gmail.com (<mailto:interlacefund@gmail.com>) or 401-288-1539.

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