

# Community Artists Program (CAP) FY 2016-17 Artist /Organization Request Application

**Request Deadline:** Please make requests at least three weeks in advance of the event.

**IMPORTANT - Completing this form DOES NOT guarantee services will be awarded. Awards are made until all the funding is allocated.**

## PART I. HOST ORGANIZATION INFORMATION

Organization Name:		
Address:		
City, Zip:		
Contact Person:		
E-mail:		
Phone Number:		
Will this be a free event (No Charge)?	YES	NO

## PART II. REQUEST DESCRIPTION

### WHAT TYPE OF SERVICES ARE YOU REQUESTING?

- One Day Workshop    
 Performance    
 Workshop Series    
 Residency

### TARGET AUDIENCE:

(Check all that apply)

- Pre-school children    
 Grade school children    
 Middle/High School students  
 Adults    
 Senior citizens    
 Special Needs: \_\_\_\_\_

### HOW MANY PARTICIPANTS TO YOU ANTICIPATE ATTENDING YOUR EVENT?

- 20 or less    
 20-75    
 75-150    
 150+

### ETHNIC GROUP SERVED:

Estimate the percentages for the groups below:

\_\_\_\_\_% African-American    
 \_\_\_\_\_% Hispanic    
 \_\_\_\_\_% Asian  
 \_\_\_\_\_% Native American    
 \_\_\_\_\_% Anglo    
 \_\_\_\_\_% African

### FACILITIES:

Indicate the type of facilities below that will be used and the capacity for the space used.

<u>Facility</u>	<u>Capacity</u>
<input type="checkbox"/> Classroom Space	_____
<input type="checkbox"/> Gymnasium	_____
<input type="checkbox"/> Multipurpose Auditorium with Stage	_____
<input type="checkbox"/> Multipurpose Auditorium without Stage	_____
<input type="checkbox"/> Studio	_____
<input type="checkbox"/> Other (OUTSIDE)	_____

Will you have a staff member present at all times during this service?

Yes       No

Who will be the facility's direct contact person for the artist/group?

Name:	
Phone:	
Email:	

### PART III. ARTIST / GROUP REQUESTS

ARTIST / ORGANIZATION REQUESTED:

Artist/Group Name:	
Date:	
Time:	
Describe the Event:	

Artist/Group Name:	
Date:	
Time:	
Describe the Event:	

Artist/Group Name:	
Date:	
Time:	
Describe the Event:	

**If you are awarded an artist service for your facility and/or event, you MUST include the following credit line in all promotional material:**

***“Cultural artists for this event are sponsored by the Community Artists Program (CAP), a program of the City of Dallas, Office of Cultural Affairs”***

Please email or fax completed application to:  
Charla Sanderson  
Community Artist Program, Office of Cultural Affairs  
Fax: (214) 670-1404  
charla.sanderson@dallascityhall.com