

Arizona Commission on the Arts  
**Artist Project Grants Signature Page**  
Type or Print all information in the spaces provided

For Staff Use:

Application ID:

**A. Contact Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

**B. Project Discipline:**

<input type="checkbox"/> <b>Single discipline</b> (select one discipline from the chart to the right)  <input type="checkbox"/> <b>Multidisciplinary</b>  <input type="checkbox"/> <b>Interdisciplinary</b>  (For projects that are multidisciplinary or interdisciplinary, select all disciplines that apply from the chart to the right)	<b>Visual Arts</b> <input type="checkbox"/> Craft <input type="checkbox"/> Design <input type="checkbox"/> Intermedia <input type="checkbox"/> Media <input type="checkbox"/> Painting <input type="checkbox"/> Photography <input type="checkbox"/> Public Art <input type="checkbox"/> Sculpture <input type="checkbox"/> Other: _____	<b>Performing Arts</b> <input type="checkbox"/> Dance <input type="checkbox"/> Music <input type="checkbox"/> Theatre <input type="checkbox"/> Other: _____	<b>Literary Arts</b> <input type="checkbox"/> Poetry <input type="checkbox"/> Fiction <input type="checkbox"/> Non-Fiction <input type="checkbox"/> Other: _____
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**C. The following information is required for federal reporting purposes.** Information will not be considered during any panel review process and will be used only to determine trends in the field.

**Legislative District:** Based on your street address, enter one legislative district number for each of the government branches listed. To locate your legislative districts, [click here](#). You will need your +4 Zip Code to use this database, hosted by Arizona Citizens/Action for the Arts at [www.azcitizensforthearts.org](http://www.azcitizensforthearts.org).

Arizona Legislative District \_\_\_\_\_ US Congressional District \_\_\_\_\_

**Race/Ethnicity Codes:**

Individuals should select any combination of the following that best represents their race/ethnicity:

- |  |   |
|--|---|
| <input type="checkbox"/> Asian                         | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Black/African American        | <input type="checkbox"/> Caucasian                        |
| <input type="checkbox"/> Hispanic/Latino               | <input type="checkbox"/> No single group                  |
| <input type="checkbox"/> American Indian/Alaska Native |   |

**Disability:**

Individuals should answer the following question: Are you a person with a disability?

- Yes     No     Prefer not to answer

**E. Deadline for Submission:** Must be postmarked or delivered to the ACA Offices no later than 5:00pm Thursday, September 03, 2009.

I certify that at the time I submit this application, I am at least 18 years of age and a resident of Arizona. I certify that all statements made in this application are true to the best of my knowledge and in accordance with the eligibility criteria for this program. By submitting this application, I am agreeing to abide by the Arts Commission's policies.

Artist's Signature

Date

**Mail to: Arizona Commission on the Arts, 417 West Roosevelt Street, Phoenix, Arizona 85003-1326.**

To request this or any other agency publication in an alternative format, contact the Commission offices at (602) 771-6501.