

December 3, 2010—International Day of Persons with Disabilities

The *Motion Disabled* Screening Project

APPLICATION FORM

Deadline: Wednesday, October 20, 2010

Please e-mail completed applications to december3@vsarts.org

PART I. ORGANIZATION INFORMATION

(*Current VSA international affiliates are required to complete only the box below for Part I. Then, skip to Part II)

Institution/Organization: _____
Contact Name(s): _____
Telephone: _____ Fax: _____
E-mail: _____
Website(s): _____

How did you hear about us?

ORGANIZATIONAL STRUCTURE

Check all that apply:

- | | | | |
|--|--------------------------|-------------------------|--------------------------|
| Government Agency/Entity | <input type="checkbox"/> | Arts Organization | <input type="checkbox"/> |
| Registered Nonprofit | <input type="checkbox"/> | Disability Organization | <input type="checkbox"/> |
| Non-governmental Organization (NGO) | <input type="checkbox"/> | Education Organization | <input type="checkbox"/> |
| NGO receiving more than 50% budget from governmental sources | <input type="checkbox"/> | | |

Please provide a general description and historical background of your organization below: *If necessary, please continue the description on additional sheets of paper.*

Does your organization work throughout the country, or is it based in one region or city:
City Region/Province/State National

If a national organization, do you have established branches in other cities, regions, provinces, or states? Yes No

Please list all cities/regions/provinces/states served **or** list branch locations:

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PEOPLE SERVED

Type of disabilities addressed by your activities. Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Blind, low vision | <input type="checkbox"/> Developmental |
| <input type="checkbox"/> Deaf, hard-of-hearing | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Other, specify _____ |
| <input type="checkbox"/> Mental illness | |

Age groups served by your activities. Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Kindergarten and younger | <input type="checkbox"/> 18-25 |
| <input type="checkbox"/> 6-10 | <input type="checkbox"/> Adult |
| <input type="checkbox"/> 11-13 | <input type="checkbox"/> 50+ |
| <input type="checkbox"/> 14-18 | <input type="checkbox"/> Other, specify _____ |

CURRENT ACTIVITIES

Please list all arts and education activities in your current fiscal year and indicate the appropriate program area from the list below:

1. Education Programs and Artist Residencies
2. Professional Development and Technical Assistance Programs
3. Cultural Access and Inclusive Arts Services
4. Public Awareness and Outreach

<p>1. Activity Name: Short Description</p>	<p>Frequency: Once ___ Weekly ___ Monthly ___ Annually ___ Other ___</p>	<p>Program Area: 1. ___ 2. ___ 3. ___ 4. ___</p>
<p>2. Activity Name: Short Description:</p>	<p>Frequency: Once ___ Weekly ___ Monthly ___ Annually ___ Other ___</p>	<p>Program Area: 1. ___ 2. ___ 3. ___ 4. ___</p>
<p>3. Activity Name: Short Description:</p>	<p>Frequency: Once ___ Weekly ___ Monthly ___ Annually ___ Other ___</p>	<p>Program Area: 1. ___ 2. ___ 3. ___ 4. ___</p>

PART II. PROJECT INFORMATION

Proposed Location: _____

Name of Building (if any): _____

Street: _____

City: _____

State/Territory: _____ Zip/Postal Code: _____

Country: _____

Building/Façade Dimensions: _____

Please attach a picture of the selected building to this form

Please include a copy of your authorization document

Do you anticipate using any local partners to implement this project? Yes No

Do you have authorization to use this site? Yes No

GOALS AND OBJECTIVES

Please describe how you plan to implement this project at your proposed location. Do you anticipate using any local partners to realize this project? Also explain why partnering with VSA for this project is important to your organization. *If necessary, continue the description on an additional sheet of paper.*
