

### 1. Contact

Name (first and last): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you able to receive a check at the above address?  – yes  – no

Artistic Website (if applicable): \_\_\_\_\_

### 2. Income

What type of art do you create and who is your audience? How much do you typically earn from your artistic work in a calendar year?

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In a typical (non-COVID) year, your artistic income accounts for what percent of your annual household income? \_\_\_\_%.  
(Note: if multiple household members are artists, list only the portion of arts-related income that **you** are responsible for.)

Briefly describe the impact of COVID-19 on your artistic income. Please list examples of canceled performances or describe changes in income compared to 2019. Please include a rough dollar estimate of lost artistic income in 2020.

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Please describe any changes (successful or unsuccessful) you have made to maintain income or earn new income during the pandemic. This may include but is not limited to teaching video lessons, selling artwork online, socially distanced performances, or seeking work outside of the performing arts.

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Have you been able to access other financial support during the COVID-19 pandemic? This may include but is not limited to state and federal unemployment benefits, Economic Injury Disaster Loans (EIDL), Payroll Protection Program (PPP), the Colorado Artist Relief Fund, Artist Recovery Fund of the Pikes Peak Region, or other artist support grants. Please briefly describe any financial support you have received during the crisis. If you have not applied for other support, please provide information about why you have not applied (or qualified for) other support.

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### 3. Financial need

Please check the box below that best describes your financial situation.

- Financial Strain** – The loss of income impacts my ability to continue my current lifestyle. I am unable to afford business/artistic expenses like studio space, instrument maintenance, personal website hosting or other marketing expenses.
- Financial Hardship** – I will have to dip into limited savings. I may not be able to pay all my bills like student loans, health insurance, and childcare.
- Severe Financial Distress** – I have no savings. I am unable to cover basic needs such as food and rent. I have lost or will lose my housing, utilities, or transportation before December 31, 2020.

What is the minimum amount of extra money you need (over and above anticipated income) to cover essential expenses before December 31, 2020? \$\_\_\_\_\_ (Note: to provide meaningful support to as many artists as possible, award amounts may not meet minimum needs.)

If there is any additional information you wish to share about your financial situation, please do so below.

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#### 4. Signature

I hereby certify under penalty of perjury that the above statements are true and accurate. I understand that the information provided above is subject to audit. I understand that only one application per individual applicant will be considered before December 31, 2020.

Signed, \_\_\_\_\_ on this date, \_\_\_\_\_.

**To submit, email completed PDF to [grants@ppcf.org](mailto:grants@ppcf.org) with “Artists Recovery Fund” in the subject line.** It is not necessary to send additional materials with your application. **Please direct any questions to David Siegel, CEO of the Bee Vradenburg Foundation ([David@beevradenburgfoundation.org](mailto:David@beevradenburgfoundation.org) or 719-477-0185).**