



THUNDERBIRD
FOUNDATION FOR THE ARTS

PEOPLE WITH SPECIAL NEEDS ART PROGRAMS APPLICATION
PLEASE SUBMIT FOUR COPIES FOR PROGRAMS REVIEW PANEL OF ALL INFORMATION

Date

Applicant Organization County Contact Person

Address

City State Zip Telephone Email

Executive Director Board Chair Financial Officer

Requested Date for workshop Number of Participants Number of Leaders

Present Funding in Place? _____ Amount for Art Programs? _____ Tax ID # _____

Have you ever participated in Special Needs programs with the Thunderbird Foundation for the Arts? _____

If yes, when, name of your project and a full description _____

CERTIFICATION

I hereby certify that to the best of my knowledge and belief, the information contained in this application is true and accurate. I also understand and agree that submission to the Thunderbird Foundation for the Arts for Artists Retreats at the Maynard Dixon property will require a full disclosure of each participant's ability to cope with the environment. It is also understood that the director of the Applicant Organization named above will have full authority to execute with power of attorney a liability waiver on behalf of any and all participants in the retreat. It is further understood and agreed that any and all participants will each make a full application and disclosure using the forms provided prior to any approval by the executive committee of the Thunderbird Foundation for the Arts. It is also herby understood and agreed that individuals with questionable ability to cope with the environment may not be admitted to the program.

Authorizing Official's Signature Date

Name (print) Title



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SPECIAL NEEDS NARRATIVE

Tell us about your program!

In two pages or less be certain to include:

- Description of your organization and your projects
- Location, number of potential artists
- Artistic mission of your project- what does it need to address?
- Specific ways you will measure the progress of the project
- Lasting importance of the project for your organization and the community
- How you will enable special needs people to experience the program
- Are you partnering with another organization to achieve your project?

Tell others about your project!

Describe your publicity plan including:

- Mass Media
- Speeches
- Specific outreach to special audiences including elderly, ethnic groups etc.

Tell us about your organization

- Brief Mission Statement
- Description of any previous art projects

Attach

- Proof of not for profit status of your organization or the one submitting on your behalf
- List of the Board of Trustees or committee in charge of the project
- Key leaders and their responsibility for the project
- Current year budget for your organization including income and expenses
- Individual histories of applicants you wish to participate
- Proof of General Operating Support from your State
- Travel budgets derived from donors for this project

Corporate Support, Foundation Support

Please make a full and formal statement regarding any corporate, private and foundation support that may apply as underwriting for this important art project.