

# Emergency Health Grant 2019 Application Questions

## ELIGIBILITY

Artists of all disciplines who:

- Live in Los Angeles, San Bernardino, Riverside, or Orange Counties.
- Identify as one or more of the following: female, transgender, non-binary, person of color, or low-income.
- Have a medical, mental health, or dental emergency OR have an illness-related financial need
- Are not enrolled in a full time academic program.
- Are at least 21 years old.

Artists in all disciplines and stages of their career are eligible to apply.

Artists are not required to be US citizens.

Applications may be submitted on behalf of an eligible artist unable to submit it on their own.

Application must be completed in one sitting. Google Form times out after 30 minutes and will erase your responses, so **it is recommended to first type out your answers on a separate document and copy and paste into the form when ready.**

If you have questions, please first refer to our FAQs.

If your questions are still not answered, email [info@wccw.us](mailto:info@wccw.us) or call 323-739-8847.

## **Personal Information**

### **Legal Name**

*To receive payment*

### **Preferred Name**

*If different from legal name above.*

### **Gender Pronouns**

### **Name of person submitting**

*If different than the applicant*

### **Email address of submitter**

*If different than the applicant*

### **Do you identify as any of the following?**

*Please check all that apply*

- Female
- Transgender
- Non-binary
- Low-income (Individual Annual Income under \$50,000)
- Person of color

### **Applicant's Mailing Address**

### **Applicant's County of Residence**

- Los Angeles County
- San Bernardino County
- Riverside County
- Orange County

### **Applicant's Phone Number**

### **Applicant's Email Address**

### **Applicant's Website**

## **Artist Statement + Work Samples**

Within the scoring of the grant, there is no benefit to being a more professional or established artist. The goal is to confirm that you are someone who consistently makes artwork of any discipline. The main things we are looking for in the artist statement are: who you are, a description of your work, and why you make the work that you do.

**Please describe your art work. How long have you been making work? What is your field and/or genre? What materials and/or techniques do you use? What is your work inspired by?** *Maximum of 800 characters.*

**Where have you studied? With whom have you studied? If you are self taught, how did you teach yourself?** *Maximum of 400 characters.*

**Please list any artistic accomplishments.** *Maximum of 400 characters.*

## **Work Samples**

*Compile no more than 10 samples of your work into a single PDF no longer than 10 pages and no larger than 10 MB. For sound/audio/video/literary works provide a maximum of 2 links to online content, no more than 5 minutes total.*

*If submitting a hard copy of the application via mail, include a printed PDF or sound/audio/video content via a CD or DVD.*

*For help with creating a PDF, see [here](#) and [here](#).*

## **Health Related Need Request**

*The following questions will ask for: a description of the physical, mental health and/or dental need; how this issue affects you financially; and a description of “a day in the life.” You do not need to reveal confidential health information, but please make it as clear as possible why you are applying for this grant.*

**What is the primary issue for which you are requesting the grant?** *Maximum 500 characters, including spaces.*

**Please explain whether you are requesting the grant for help with a chronic issue, an accident, a necessary procedure or therapy, assistance with medical debt, etc. Max 250 characters**

**What is the origin of the issue and how long has it been affecting you? Max 250 characters**

**Why is it urgent to have this issue resolved now? Max 400 characters**

**How does this issue currently affect your daily life? Does it prohibit you from eating, sleeping, or performing basic life-sustaining functions? How does it feel to move through the day while experiencing this issue? Max 800 characters**

**Does this issue make it difficult to support yourself and/or your dependents? Has the issue made it difficult to work, or make artwork? Has it been difficult or impossible to afford basic needs like food, housing, or transportation? Max 800 characters**

### **Description of Financial Impact**

*Please describe how the health-related issue affects you financially. Relevant information may include: How the medical, mental health, or dental related need has impacted your ability to live, work, or make art in a way you had previously. **Clearly explain what the grant money will go toward**, especially if the total cost of managing the issue is much larger than the \$3,000 grant.*

**Amount Requested** (Maximum of \$3,000, most grants will be between \$2,000 and \$3,000)

**What treatment(s), procedure(s), or bill(s) would be covered by the grant amount that you are requesting? Max 250 characters**

**What is the total cost of the treatment(s) or procedure(s) described above? If you don't know the exact number, provide an approximation.**

**Is this a one time cost for a single procedure or treatment?** (A single procedure with a one time cost may include a surgery or antibiotics. Ongoing treatment may include ongoing therapy, or treatment of a chronic illness.)

**If a \$3,000 grant will not cover the entire amount needed to resolve the health issue you described, in what ways will this grant help you receive needed care? *Max 500 characters***

**If you are requesting assistance with a secondary issue (housing, medical debt, transportation, unemployment) related to your health, how will the grant help with those costs? *Max 400 characters***

**What is your estimated gross annual income (before taxes)?**

\$0–15,999

\$16,000–24,999

\$25,000–34,999

\$35,000–54,999

\$55,000 or more

**What is your household size?**

**If you do not receive the grant, do you have the financial means to pay for this on your own or some other way? *Max 250 words***

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### **Additional Information**

**Have you applied for this grant before?**

**Have you received this grant before?**

**How did you hear about this grant?**

# FAQs

## **Who is eligible to apply for this grant?**

We welcome applicants from artists of all disciplines who: live in Los Angeles, San Bernardino, Riverside, or Orange Counties; identify as one or more of the following: female, transgender, non-binary, person of color, or low-income; have a medical, mental health, or dental emergency, OR have an illness-related financial need; are not enrolled in a full-time academic program; and who are at least 21 years old.

Artists in all disciplines and stages of their career are eligible to apply. Artists are not required to be US citizens, but must be able to complete a W9 to receive the grant. Applications may be submitted on behalf of an eligible artist unable to submit it on their own.

## **Who is reviewing this grant? Will my information remain confidential?**

A representative from each of our community partners and the WCCW will be reviewing all grant applications along with a medical professional. Everyone involved is committed to keeping applicant identities and information confidential. Only the information provided by the applicant will be discussed, and only as necessary for the granting process.

## **Will this grant be available again in the future?**

At this point, the WCCW has only secured funding for this current round of the Emergency Health Grant.

## **Does my medical, mental health, or dental expense need to be entirely covered by the grant amount?**

No, the grant can represent a portion of the cost of the procedure or health related need. We would like to ensure that the grants are effective in fulfilling a need and request some information about total cost of procedures/treatment to understand how this grant will play a meaningful role in alleviating financial burden.

**If I receive the grant, is it mandatory that I meet with the social worker?**

No, it is not mandatory, but it is HIGHLY encouraged. Although we do provide a list of local and statewide healthcare resources, a consultation with a social worker is the best way to become aware of ALL of the resources or programs for which you may be eligible. We request that you arrange to meet with the social worker within 3 months of receiving the grant.

**Why is this a feminist issue?**

This granting opportunity fosters the WCCW's ongoing goal of providing holistic support for artists and makers through feminist principles. We acknowledge that capitalism is the inequitable economic system under which we currently exist, and work to improve the material conditions of ourselves and others through the development of collective and communal power and resources, according to our Core Values. WCCW seeks to create a conversation around the connections between gender, race, sexuality, class, privilege, access to resources, and health.

**Must the grant be used exclusively for a health or dental procedure?**

No, the grant can be used directly for medical, mental health, or dental procedures, or it can be used for related costs, including but not limited to: offsetting financial hardship due to a procedure, support for taking time off or wages lost to take care of a medical or dental need, therapeutic needs related to a procedure, etc.

**Can I apply to use the grant for costs already accrued?**

Yes, and please explain the situation thoroughly in the application. Financial need based on past medical or dental expenses will be considered by the committee.

**Will I have to pay taxes on this grant?**

Yes. All grants from any funder made to individuals are taxable income. You will receive a 1099 at the end of the tax year from the Women's Center for Creative Work indicating the amount you were paid. Please factor any grants received—including this one—into your overall annual tax planning.