



**Raleigh  
Arts**

**2024-2025  
Arts Learning Community  
APPLICATION FORM**

**DEADLINE: Monday, May 6 at 4:00pm**

**Email:** [sarah.corrin@raleighnc.gov](mailto:sarah.corrin@raleighnc.gov)  
**Mail or Deliver by Hand to:** City of Raleigh - Raleigh Arts  
 127 West Hargett Street, Suite 408  
 Raleigh, NC 27601

**APPLICANT INFORMATION**

Applicant Organization Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ TTY \_\_\_\_\_  
 Website \_\_\_\_\_  
 Year Organization Incorporated \_\_\_\_\_ Federal Tax ID# (EIN) \_\_\_\_\_  
 Contact Person Name \_\_\_\_\_  
 Contact Person Position Title \_\_\_\_\_  
 Telephone (office) \_\_\_\_\_ Telephone (cell) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**PROPOSED LEARNING COMMUNITY PARTICIPANT'S CONTACT INFORMATION**

Name \_\_\_\_\_  
 Position Title \_\_\_\_\_  
 Telephone (office) \_\_\_\_\_ Telephone (cell) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 When did the participant start working w/ Organization? \_\_\_\_\_  
 Proposed Participant's Estimated # of Work Hours w/ organization per Year \_\_\_\_\_

To stretch my scholarship dollars further to cover LEAD® preconference sessions, I'd like to share a hotel room with someone else from the Learning Community.

**ABOUT THE PROPOSED LEARNING COMMUNITY PARTICIPANT**

Please describe the proposed Learning Community participant’s position responsibilities in general.

Please describe how the proposed participant works or will work to engage people with disabilities with your organization.

How much experience does the proposed participant have with accessibility? (Note that every year some participants are accepted into the Learning Community with little to no prior accessibility experience. Lack of experience is not a barrier to participation.)

**ABOUT THE APPLICANT ORGANIZATION**

Please provide a brief description of your organization and its arts programming.

**UNIVERSAL ACCESSIBILITY CHECKLIST**

Please tell us about the accessibility accommodations and services your organization provides by selecting a choice from the drop-down menus that appear when you click in each box below.

**PLANNING, IMPLEMENTING, AND EVALUATING ACCESSIBILITY**

How does your organization approach accessibility?

Stated Policy or Mission Statement Regarding Accessibility and Accommodations	
Established Access Committee that Includes People with Various Disabilities to Advise on Access Issues	
Established Accessibility Plan	

What was the last date this plan was updated/reviewed? \_\_\_\_\_

**ACCESS TO FACILITY**

How are your facilities accessible?

Has the federal government's <i>ADA Checklist for Existing Facilities</i> been completed for the location(s)?	
Designated Accessible Parking Spaces, with Clear and Accessible Path of Entry to Facility	
Ground Level or Ramped Entrance to Facility	
Exterior Signage with Directions to Accessible Entrance(s)	
Appropriate Interior Signage for People with Low Vision/ Who Are Blind (large print with high contrast and braille)	
Elevators for Multi-Level Facilities	
Integrated and Dispersed Seating in Assembly Areas for People with Mobility Issues	
Accessible Restrooms (doorways, door handles, sinks, soap, and paper dispensers, stall size, door swing, water fountains)	
Accessible Emergency Exits and Audio/Visual Emergency Alarms	
Accessible Box Office, Stage, Dressing Rooms, Exhibit Areas, Display Cases, and Counters	
Accessible Administrative Offices	

**ACCESS TO PROGRAMS AND SERVICES**

**Accommodations  
Offered**

**For People with Limited Mobility:**

Host Programs and Events at Wheelchair Accessible Locations	
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**For People Who Have Low Vision or Are Blind:**

Large Print Materials	
Large Print Labeling with High Contrast	
Braille Materials	
Computer Disks	
Tactile Tours	
Audio Description	

**For People Who Are Hard of Hearing or Deaf:**

Assistive Listening Devices	
Real Time Captioning	
Sign Language Interpreters	
Scripts and Text of Verbal Presentations	
Open or Closed-Captioned Audio-Visual Presentations	
TTY/TDD	

**For People Who Have Autism and/or Sensory Disorders:**

Relaxed Performances/Programs	
Sensory Kits	
Quiet Space	
Social Narratives/Visual Schedules	

**ACCESS TO COMMUNICATIONS AND PUBLICITY**

*How does your organization communicate its accessibility?*

Fully Accessible Website (including alt tags and captioned video)	
Have an Access Webpage	
Post Access Information/Services on Website w/o Access Page	
Include Access Information/Accommodations in ALL Marketing Collateral (i.e. newsletters, brochures, flyers, posters, emails)	
Appropriate Disability Symbols Used in All Marketing Collateral (both print and electronic)	
Publicize Accessibility through media (press releases, calendar listings, etc.)	
Publicize Accessibility through Partnerships with Disability Organizations	

Describe any other ways that your organization or your programs are inclusive of people with disabilities or moving toward the goal of universal accessibility. Do NOT use this text box to discuss non-disability-specific accommodations such as for community members with economic constraints, foreign-language speakers, etc.:

**Who is your organization's accessibility coordinator?**

Name \_\_\_\_\_

Position Title \_\_\_\_\_

**PROOF OF ELIGIBILITY**

New applicants that have never received funding from the City of Raleigh Arts Commission or the United Arts Council of Raleigh and Wake County in the past must submit the following documents. Current or past grant recipients should NOT submit these items.

- Applicant organization’s eligibility documents already on file with Raleigh Arts/ United Arts
- Federal Letter of Tax Exemption from IRS
- Bylaws
- Conflict of Interest Policy

**ASSURANCES**

The applicant assures that:

1. The activities and services for which assistance is sought will be administered by or under the supervision of the applicant.
2. The filing of this application has been duly authorized by the governing body of the applicant.
3. The applicant will expend funds received as a result of this application solely for the described project.
4. The information contained in this application, including all attachments, is true and correct to the best of its knowledge.
5. The organization has nondiscrimination, conflict of interest, and accessibility policies.

By signing this application, the applicant hereby assures and certifies that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), the Americans with Disabilities Act of 1990 (42 U.S.C. 12101-12213) and, where applicable, Title IX of the Education Amendment of 1972 (20 U.S.C. 1681 et seq.).

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**Signature of Authorizing Official (person legally able to obligate the applicant)**      Date

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Name/Title

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**Signature of Organizational Contact Person**      Date

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Name/Title

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**Signature of Proposed Participant**      Date

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Name/Title