



Raleigh Arts

2025-2026 Arts Learning Community APPLICATION FORM

DEADLINE: Monday, April 21 at 4:00 pm

Email: 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 Week

LEAD® CONFERENCE ATTENDANCE

How much of this summer's LEAD® Conference would the proposed Learning Community participant plan to attend:
Monday, 8/18 - Preconference Sessions or ED@LEAD
Tuesday, 8/19 - Preconference Sessions
Wednesday-Friday, 8/20-8/22 - LEAD® Conference
Interested in sharing a hotel room with another Learning Community member?
Yes No

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 professionally and/or personally? (Note that every year some participants are accepted into the Learning Community with little to no prior accessibility experience. Lack of experience is not in and of itself 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 | |
|---|--|

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.).

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

Name/Title

Signature of Organizational Contact Person Date

Name/Title

Signature of Proposed Participant Date

Name/Title