



**Hillsborough  
County Florida**  
Arts Council

## **ARTS COUNCIL OF HILLSBOROUGH COUNTY PROFESSIONAL DEVELOPMENT FOR ARTISTS (PDA) PROGRAM**

### **ELIGIBILITY**

Please provide the following information

1. What funding are you applying for?
  - Equipment
  - Education
  
2. Have you been a continuous resident of Hillsborough County since October 2021?
  - Yes
  - No
  
3. Are you a degree-seeking student of any kind?
  - Yes
  - No
  
4. Are you a full-time arts faculty member in higher education?
  - Yes
  - No
  
5. Are you age 21 or older?
  - Yes
  - No
  
6. Are you a U.S. citizen or permanent resident of the United States?
  - Yes
  - No

What discipline do you work in?

## A. ARTIST INFORMATION

- A.1. First Name (legal):  
A.2. Last Name (legal):  
A.3. Legal Residence Address (no P.O. boxes)  
Address Line 1  
Address Line 2  
City  
State  
Zip  
A.4. Telephone:  
A.5. Email Address:  
A.6. Do you have a website?  
 Yes  
 No

### EMPLOYER

- A.7. Do you work outside of your art practice?  
 Yes  
 No

### ART PRACTICE

- A.8. Please indicate how many years you have been working in your art career. Do not include years where you were a student.  
A.9. Category (choose one): eg: 2D or 3D Visual Arts, Performing or Media Arts, Literary  
A.10. Sub-Category: eg: painting, fiction, poetry, jazz, improv, film

## B. PROPOSAL INFORMATION

- B.1. Please give a short descriptive title for your proposal that includes the name of the professional development program you wish to attend **OR** the name of the equipment you wish to buy.  
**NOTE: You can only apply for one professional development program or one piece of equipment.**
- B.2. Proposal Type (choose one, either professional development or equipment purchase):
- B.3. Amount Requested:
- B.4. Start Date: (**It cannot be earlier than January 1, 2024**).  
This is the date you will begin the activities associated with your grant.
- Education experience—this is when you are registering, making travel plans.
  - Purchasing equipment—indicate when you will begin making your purchase.
- B.5. End Date: This is the date you will be finished with all activities associated with your proposal. (eg equipment is delivered, or you have completed the education event.)  
**This date cannot be later than August 15, 2024.**

## C. PROPOSAL NARRATIVE

Please answer these questions. Be as clear and specific as possible. Please note this online system does not spellcheck.

- C.1.** Please provide an artist statement. (300 characters remaining)
- C.2.** Describe your career goals. What do you hope to achieve as an artist? (200 characters remaining))
- C.3.** Describe in detail your proposal (education event or equipment) and the potential impact it could have on your career path or body of work. (200 characters remaining)
- C.4.** How will this program or equipment help you reach your career goals and advance your development or skills as an artist? Be as specific as possible. (Max 200 words)

### REFERENCE LINKS

You must provide at least one link to a provider for application reviewers.

**FOR EDUCATION REQUESTS:** Provide a link(s) to a web page(s) that gives a detailed description of the conference/workshop/residency including dates, cost, location, program components/speakers, etc. Be sure the cost shown is reflected in your budget.

**FOR EQUIPMENT REQUESTS:** Provide a link(s) to a web page(s) that gives a detailed description of the equipment, the cost, and vendor/ manufacturer identification. Be sure the cost shown is reflected in your budget. (See the Program Guidelines for more details on the type of information needed. )

## D. PROPOSAL BUDGET

- D.1.** How much will it cost? The budget should reflect the total cost of purchasing the equipment or attending the education program, even if it is more than your grant request. All costs must be documented either by the links you provided in the narrative section or by quotes you obtained from suppliers. You can upload the quotes in the next application section.

Category	Item Description	Total Cost	How much Grant money will be used for this?
Equipment			
Education Program			
Travel			
Hotel			
Other			
<b>Total</b>			

- D.2.** ADDITIONAL INFORMATION:  
Enter comments here that explain/support your budget items. If the total cost of a category includes multiple items, please break down that cost here.
- D.3.** If this proposal will cost more than \$2,000 in total, are you able to cover that amount? Please explain how you will be paying for any amount over \$2,000. (eg: from personal savings, wages, loan, other grants, gifts, etc.).
- D.4.** UPLOAD BUDGET SUPPORT:  
You must provide information on how you determined your budget. If the links that you provided in the narrative did not include all costs listed in your budget please upload any quotes or estimated you may have obtained from vendors or suppliers.
- UPLOAD ARTIST RESUME/CV;  
Please upload your artist resume/CV that included performance, exhibitions, (must specify whether a solo or group exhibition) or published works. Include specifics such as names, places, date and locations. Do **not** include student work.

## E. WORK SAMPLE INFO

WORK SAMPLES – See guidelines for detail on acceptable samples.

- Visual Artists - Eight samples
- Performing Artists - Three samples
- Literary Artists - Five to ten pages

Provide the following information for each work sample you submit. This information is required for every work sample whether it is provided as a file or a link. This detail lets us know if any of your samples were not uploaded AND helps reviewers understand your work.

1. File Name or URL
2. Title of the work and year of completion
3. Dimensions or duration of finished work
4. Media used (if visual art)
5. Date and place of first exhibition, performance or publication
6. Names of other performers seen/heard on the work or contributors to the work
7. Other additional descriptive information about the work after the file identification (awards, methodology, etc).

## F. CULTURAL EQUITY SURVEY

Please provide the following information:

- F.1** Zip Code:  
**F.2** Gender:  
**F.3.** Marital Status:  
**F.4** Age:  
**F.5.** Heritage, Ethnicity, and Race:  
**F.6** Are you a person with a disability?

## **G. REQUIRED SUPPORT MATERIALS**

- Artists Resume/CV
- Proof of Residency

## **CERTIFICATION**

○ By submitting this application, I certify the information contained herein, including all attachments and support materials, is true and accurate to the best of my knowledge. I understand that if I am awarded and accept a Professional Development Artist Grant, my acceptance of the award implies a commitment to complete the proposal as stated in the application and to abide by the administrative requirements established by the Arts Council of Hillsborough County.

○ I hereby certify that I am authorized to submit this application and that the information contained in this application, all accompanying documents and support materials, is true and correct to the best of my knowledge. I acknowledge that my electronic signature below shall have the same legal effect as my written signature.

**Signature:**