

# ArtsZone FY24

---

*ArtsMemphis*

## *Application Information*

---

You will find a PDF and Word document of this LOI, which serves as an organization profile, on our website. You may use this document to compiling information off line, before completing and submitting them in the online platform.

Please remember that you can copy information from previous LOIs to this LOI. You may also invite colleagues to collaborate on the application to complete specific sections or questions. Tutorials to assist you are linked in the text above.

**The information collected in this application is critical to help ArtsMemphis maintain current and comprehensive sector data.**

**ArtsMemphis serves as the primary source for information about the arts sector for partners, including funders and government entities.**

**Your time in compiling this information is greatly appreciated. ArtsMemphis uses the information you provide through this application in aggregate, to advocate for the sector and generate support for the arts.**

## *Organization Overview*

---

### **Organization Name for Publication\***

Please note how you would like your organization name to be listed in ArtsMemphis publications.

*Character Limit: 250*

### **Application Name\***

For the FY24 ArtsZone grant, you **MUST** enter the application name as follows:

Your Organization Name\_FY24\_ArtsZone

Please enter the name of your organization in place of "Your Organization Name."

Example: ArtsMemphis\_FY24\_ArtsZone

*Character Limit: 100*

### **Artistic Discipline - Primary\***

Please select your primary artistic discipline.

### Choices

Dance  
Literary Arts  
Media Arts  
Music  
Performing Arts  
Theater  
Visual Art  
Other

### Artistic Discipline

Please select all disciplines that you address through your programs and activities.

### Choices

Dance  
Literary Arts  
Media Arts  
Music  
Performing Arts  
Theater  
Visual Art  
Other

### Artistic Discipline - Detail

Please add any clarification or additional information you feel is important regarding artistic discipline.

*Character Limit: 2000*

### Organization Website\*

*Character Limit: 2000*

### Mission Statement\*

Please note your board-approved mission statement.

*Character Limit: 10000*

### Vision or Impact Statement

Please note your board-approved vision or Impact statement, if applicable.

*Character Limit: 10000*

### Organization Short Description\*

Please provide a one-sentence description of your organization.

*Character Limit: 500*

### Year Founded\*

*Character Limit: 250*

**Incorporation Year\***

*Character Limit: 250*

**EIN\***

Please enter your organization's tax identification number.

*Character Limit: 250*

**UEI (SAM) Number**

Please note your Unique Entity ID (UEI) number, obtained through SAM.gov.

If you do not have a UEI (SAM), please refer to the websites below.

[Help For the Transition from UEI \(DUNS\) to UEI \(SAM\)](#)

[DUNS to Unique Entity ID \(SAM\) Transition](#)

*Character Limit: 100*

**LIVEGIVEmidsouth Profile\***

Do you have a current LIVEGIVEmidsouth profile?

Only check "Yes" if your profile has been updated with current financial statements, staff and board listings.

**Choices**

Yes

No

## *ArtsZone Letter of Intent*

---

**Project Title\***

Please enter the title of the project for which you are seeking support.

Please note that capital campaigns are not supported through ArtsZone funding. If you are interested in securing support for a capital campaign, please apply through the AutoZone Greater Memphis Area Grant Application.

*Character Limit: 250*

**Amount Requested\***

Please note the total funds you are requesting.

*Character Limit: 20*

**Project Budget\***

Please note the total budgeted expenses for the project.

*Character Limit: 20*

### Project Date - Start\*

Please note the start date of your proposed project. Note that funding decisions will not be issued until September 2023, therefore, proposed projects should not begin before September 1, 2023.

*Character Limit: 10*

### Project Date - End\*

Please note the end date of your proposed project. End dates should not be later than September 30, 2024.

*Character Limit: 10*

### Project Detail\*

Please note the type of support you are requesting.

#### Choices

Operating Support

Project/Program Support

Other

### Brief Project Description\*

Please provide a brief narrative description of your project.

*Character Limit: 250*

## *LIVE GIVE Profile - Yes*

---

### LIVEGIVEmidSouth Profile Page

Please provide a link to your organization's LIVEGIVEmidSouth profile page.

Please make sure that your profile is up to date with all current staff and board members noted (make sure all current officers are indicated) and make sure your most recent financial statements have been uploaded.

If your organization has a current profile, but submits a 990 postcard, please select "No" so that the system will prompt you to provide this information via this form.

*Character Limit: 2000*

## *LIVE GIVE Profile - No*

---

ArtsMemphis expects organizations with a fiscal year (FY) end date between January - June to have final numbers for FY23. Please enter your total reported expenses for FY23, FY22, and FY21.

**Organizations that have a fiscal year end date between July - December may provide total reported expenses for FY22, FY21, and FY20, if your FY23 numbers are not final.**

### **Form 990 - FY22 or FY21**

Please upload your Form 990 for the past three fiscal years. This information will be used to verify your group designation.

If you do not file a Form 990 due to your budget size, please see the instructions below.

*File Size Limit: 5 MB*

### **Form 990 - FY21 or FY20 Upload #2**

*File Size Limit: 5 MB*

### **Form 990 - FY20 or FY19 Upload #3**

*File Size Limit: 5 MB*

### **990-N Filers - Expense Total FY22**

If you file a 990-N Postcard, please provide your total expenses for your last three completed fiscal years. Please note your FY22 expenses below, if available.

*Character Limit: 20*

### **990-N Filers - Expense Total FY21**

If you file a 990-N Postcard, please note your total expenses for FY21.

.

*Character Limit: 20*

### **990-N Filers - Expense Total FY20**

If you file a 990-N Postcard, please note your total expenses for FY20.

*Character Limit: 20*

### **990-N Filers - Expense Total FY19**

If you file a 990-N Postcard, please note your total expenses for FY19 if you do not have FY22 actuals.

*Character Limit: 20*

### **Audit**

Please upload most recently completed audit. If you do not have an audit of your financials, please explain why.

*Character Limit: 10000 | File Size Limit: 5 MB*

### Staff List

Please provide a list of up to 20 current staff and their demographic information in the table below.

Please use the following Underserved Population Codes as designated by Tennessee Arts Commission, to describe your staff:

- S = Senior Citizen over age 65
- C=Person of Color

Optional other designations:

- Male / Female / Non-binary
- Queer / Lesbian / Gay / Bisexual / Asexual

Name	Title / Position	Underserved Population Code	Other Designation


**Board List**

Please provide a list of up to 30 current board members and their demographic information in the table below.

Please use the following Underserved Population Codes as designated by Tennessee Arts Commission, to describe your board members:

- S = Senior Citizen over age 65
- C=Person of Color

Optional other designations:

- Male / Female / Non-binary
- Lesbian / Gay / Bisexual / Asexual

<b>Name</b>	<b>Affiliation / Company</b>	<b>Years on Board</b>	<b>Board Population Code</b>	<b>Other Designation</b>


*Financial Information*

---

**Fiscal Year End\***

Please note the last day of your fiscal year. For example, June 30.

*Character Limit: 250*

**Last Fiscal Year Operating Revenue Actuals\***

Please enter your total revenue from the most recently completed fiscal year.

*Character Limit: 20*



### Last Fiscal Year Operating Expense Actuals\*

Please enter your total expenses from the most recently completed fiscal year.

*Character Limit: 20*

### Current Fiscal Year Budgeted Operating Revenue\*

Please note your total revenue budgeted for the current fiscal year.

*Character Limit: 20*

### Current Fiscal Year Budgeted Operating Expenses\*

Please note your total budgeted expenses for the current fiscal year.

*Character Limit: 20*

### Financial Report - Revenue

Please provide a financial report using the tables below. Line items conform to the Tennessee Arts Commission grant applications for consistency and efficiency.

Information requested includes:

- FY22 Revenue & Expense Actuals\*
- FY23 Revenue & Expense Budget
- FY23 Revenue & Expense Year-to-Date (YTD) Actuals

\*If your fiscal year ends between July 31 and December 31, please provide FY22 preliminary Year-End actuals.

If you have no information for a particular cell in the tables below, please enter "0". A number answer is required in every cell in both the revenue and expense tables. Please round your numbers to the nearest dollar.

For line items marked with an asterixis (\*) please provide a description of the composition of those revenues or expenses in the text box below the tables. This includes the following line items:

- Earned Income - Other
- Contributions - Individual/Other Private
- Other Income
- Contracted Fees and Services - Other
- Other Expenses

REVENUES	FY22 Revenue Actuals	FY23 Revenue Budget	FY23 Revenue YTD Actuals
Earned Income - Admissions			
Earned Income - Contract Services			
Earned Income - Other*			
Contributions - Corporate			
Contributions - Foundation			
Contributions - Individual/Other Private*			
Government Support - Federal			
Government Support - State/Regional			
Government Support - City/County			
Existing Funds (Please note only funds used for budgeting purposes, not total savings or reserves.)			
Other Income*			
ArtsMemphis Grants: ABC, ArtsFirst, ArtsZone, Operating Support, Enhancement, etc.			

<b>TOTAL REVENUES</b>			
<b>In-Kind Contribution Value</b>			

**Financial Report - Expenses**

<b>EXPENSES</b>	<b>FY22 Expense Actuals</b>	<b>FY23 Expense Budget</b>	<b>FY23 Expense YTD Actuals</b>
<b>Permanent Staff - Administrative</b>			
<b>Permanent Staff - Artistic</b>			
<b>Permanent Staff - Technical/Production</b>			
<b>Contracted Fees and Services - Administrative</b>			
<b>Contracted Fees and Services - Artistic</b>			
<b>Contracted Fees and Services - Technical/Production</b>			
<b>Contracted Fees and Services - Other*</b>			
<b>Accessibility</b>			
<b>Space Rental</b>			

<b>Travel</b>			
<b>Marketing</b>			
<b>Remaining Operating Expenses</b>			
<b>Capital Expenditure/Equipment Acquisitions</b>			
<b>Other Expenses*</b>			
<b>TOTAL EXPENSES</b>			

**Financial Report: Explanations\***

Please provide brief descriptions of information noted in these line items in the above tables:

- Earned Income - Other
- Contributions - Individual/Other Private
- Other Income
- In-Kind Contribution Value
- Contracted Fees and Services - Other
- Other Expenses

If you do not have revenue or expenses in any of these line items, please note "N/A".

*Character Limit: 2500*

**Endowment\***

Do you have an Endowment?

**Choices**

Yes

No

**Reserve Fund\***

Do you have a Reserve Fund? A reserve fund is not just a savings account but a fund controlled by a policy.

**Choices**

Yes

No

### Line of Credit\*

Do you have an available line of credit?

#### Choices

Yes

No

### Other Debt\*

Please note the total of any other debt you currently carry, including capital improvements/campaigns, credit cards, other debt. If you have no other debt, please enter zero.

*Character Limit: 20*

### Financial Narrative - OPTIONAL

Please use this text box, or file upload option, to provide an explanation, if needed, for any of the following:

- Current or past budget deficit and plans to pay for or cover.
- Plans to eliminate debt or line of credit balance.
- Plans to start or grow a reserve or endowment fund.
- Financial report clarifications or additional detail.

*Character Limit: 5000 | File Size Limit: 5 MB*

### Top 25 Donors Explanation - OPTIONAL

Please provide any explanation or clarification about your Top 25 Donor list that you feel is necessary.

*Character Limit: 2500*

### Capital Campaign\*

Do you currently have a capital campaign or plan to launch a capital campaign within the next 1-2 years?

#### Choices

Yes

No

## *Endowment - Yes*

---

### **Endowment Balance**

If you have an endowment, please note the balance here.

*Character Limit: 20*

### **Endowment Distribution**

Please briefly note your policies in place to restrict use of your endowment to preserve the corpus. Please note your current fiscal year projected distribution percentage, if applicable.

*Character Limit: 2500*

## *Reserve Fund - Yes*

---

### **Reserve Fund Balance**

If you have a reserve fund, please note balance here.

*Character Limit: 20*

### **Reserve Fund Distribution**

Please briefly note your policies in place to restrict use of your reserve fund to preserve the corpus. Please note your current fiscal year projected distribution percentage, if applicable.

*Character Limit: 2500*

## *Line of Credit - Yes*

---

### **Line of Credit - Funds Available**

If you have a line of credit, please indicate the total funds available.

*Character Limit: 20*

### **Line of Credit - Balance**

If you have a line of credit, please note the total amount you currently owe.

*Character Limit: 20*

## *Capital Campaign*

---

### **Capital Campaign - Yes**

Please provide a brief description of the campaign goals. Please also provide a campaign budget, prospectus, or any collateral you have available. You may upload up to 3 documents.

*Character Limit: 10000 | File Size Limit: 5 MB*

## Capital Campaign Document #2

Optional capital campaign document upload.

*File Size Limit: 5 MB*

## Capital Campaign Document #3

Optional capital campaign document upload.

*File Size Limit: 5 MB*

## *Core Program and Other Programs*

---

### Core Program Description\*

Please provide a brief description of your Core Program.

*Character Limit: 5000*

### Core Program - Volume\*

Please note the total number of programs, performances or events you provided through your Core Program in the last fiscal year.

*Character Limit: 250*

### Other Programs Description\*

Please provide a brief description of your other program(s).

*Character Limit: 5000*

### Other Programs - Volume\*

Please note the total number of programs, performances or events you provided through your Other Programs in the last fiscal year.

*Character Limit: 250*

### Underserved Populations\*

Does your organization serve a majority of participants who are considered underserved?

As defined by the National Endowment for the Arts, underserved refers to those whose opportunities to experience the arts are limited by **geography, ethnicity, economics, or disability**. Age alone (e.g., youth, seniors) does not qualify a group as underserved.

#### Choices

Yes

No

## *Artist Information*

---

As a requirement of funding from the Tennessee Arts Commission and other funders, ArtsMemphis reports on demographic information of all grantees and artists..

"Artist" refers to the number of artists **directly involved in providing art or artistic services** specifically identified with an organizational program or activity; including the number of individual artists of a company, troupe, or touring group, or teaching artists.

### **Total Adult Artists Engaged Last FY\***

Please note the total adult artists engaged in your organization for your most recently completed fiscal year. Please make sure your numbers are accurate. If you do not track your total artists engaged enter the number zero.

*Character Limit: 250*

### **Total Youth Artists Engaged Last FY\***

Please note the total youth artists (under age 18) engaged in your organization for your most recently completed fiscal year. Please make sure your numbers are accurate. If you do not track your total youth artists engaged enter the number zero.

*Character Limit: 250*

### **Paid Artists Last FY**

Please note the number of paid artists participating your your most recently completed fiscal year programming.

*Character Limit: 250*

### **Unpaid Artists Last FY**

Please note the number of unpaid artists participating in most recently completed fiscal year programming.

*Character Limit: 250*

### **Artist Payments\***

Please note the total dollars paid to artists in your most recently completed fiscal year.

*Character Limit: 20*

### **Average Hourly Artist Payment**

Please note the average hourly pay rate for artists paid during your most recently completed fiscal year.

*Character Limit: 20*

### **Artist Benefits**

Please note any benefits or other support given to artists.



*Character Limit: 5000*

Of the artists engaged in your organization in your most recently completed fiscal year, please note the number of artists for each demographic question. Please provide an estimate if you do not have an exact number.

**PLEASE NOTE: We are asking for numbers, not percentages, as we have in years past. We are also asking for numbers based on the total number of Adult Artists engaged that you provided above.**

ArtsMemphis uses the same demographic data points collected by the Tennessee Arts Commission, in order to create efficiencies and build capacities for applicants.

A number must be entered into every demographic question field. **The numbers entered in the five fields below should equal your total number of Adult Artists submitted above.**

### Artists who are White

Please note the **NUMBER** of total for your most recently completed fiscal year.

*Character Limit: 250*

### Artists who are Black / African American

Please note the **NUMBER** of total for your most recently completed fiscal year.

*Character Limit: 250*

### Artists who are Hispanic / Latinx

Please note the **NUMBER** of total for your most recently completed fiscal year.

*Character Limit: 250*

### Artists who are Asian / Asian American / Pacific Islander

Please note the **NUMBER** of total for your most recently completed fiscal year.

*Character Limit: 250*

### Artists who are of another heritage

Please note the **NUMBER** of total for your most recently completed fiscal year.

*Character Limit: 250*

### Artist Diversity & Inclusion\*

Are a majority of your total adult artists engaged people of color? (Youth artists should be counted as your participants.)

#### Choices

Yes

No

## Artist Demographic Data Collection\*

Please indicate how you collect artist demographic data. Select all that apply.

### Choices

Contract / Hiring Documents  
 Survey  
 Conversation  
 Observation  
 Do Not Track  
 Other

## Artist Demographic Data Collection - Explanation

If you do not track artist demographic numbers please explain why not.

If you selected "Do Not Track" above, please note how you determined the demographic numbers provided.

Please share any additional information you wish to provide about how you collect artist demographic numbers.

*Character Limit: 1000*

## Staff and Board Information

---

### BIPOC-Led and/or -Serving Organization\*

To enable our annual report to the Midsouth Philanthropy Network's Equity Audit, please indicate which of the following describes your organization.

BIPOC-led and -serving:

- Your Executive Director or CEO is a person of color AND a majority of your board members are people of color.
- A majority of your participants are people of color.

BIPOC-serving:

- Your Executive Director or CEO AND/OR a majority of your board members are not people of color.
- A majority of your participants are people of color.

Not BIPOC-led/-serving:

- Your Executive Director or CEO AND/OR a majority of your board members are not people of color.
- A majority of your participants are not people of color.

### Choices

BIPOC-led and -serving  
BIPOC-serving  
Not BIPOC-led/-serving

### CEO/Executive Director\*

Is your CEO/Executive Director a person of color?

### Choices

Yes  
No

### Staff Diversity & Inclusion\*

Are the majority of your staff members people of color?

### Choices

Yes  
No

### Staff - People of Color\*

Please note the PERCENTAGE of **Administrative and Artistic Staff** who identify as people of color.

*Character Limit: 100*

### Total Staff\*

Please note the total number of staff members, part- and full-time and contract/temporary at your organization currently. Please include artists in this number.

*Character Limit: 250*

### Staff Details - Number of Full-time Staff\*

Please note the number of full-time staff at your organization currently. Please include artists in this number.

*Character Limit: 250*

### Staff Details - Number of Part-time Staff\*

Please note the number of part-time staff at your organization currently. Please include artists in this number.

*Character Limit: 250*

### Staff Details - Number of Contract/Temporary Staff\*

Please note the number of contract/temporary staff at your organization in currently. Please include artists in this number.

*Character Limit: 250*

### Staff Details - Number of Volunteers\*

Please note the number of volunteers at your organization in currently. Please include artists in this number.

*Character Limit: 250*

### Competitive Compensation\*

Do your staff salary ranges align with the average or median salary reported in the most recent Momentum Nonprofit Partners Compensation Report for their comparable positions?

#### Choices

Yes

No

I'm not sure

### Fair Compensation\*

Do you compensate all employees, contract staff and interns at minimally \$15 per hour?

#### Choices

Yes

No

### Fair and Competitive Compensation

Please provide any information you feel is important for ArtsMemphis to know about your compensation rates for employees, contract staff and interns.

If you answered "no" to either question above, please provide any information you may have on your efforts to increase compensation.

*Character Limit: 2500*

### Board Chair/Vice Chair\*

Is your Board Chair and/or Vice Chair a person of color?

#### Choices

Yes

No

### Board Diversity & Inclusion\*

Are a majority of your board members people of color?

#### Choices

Yes

No

### Total Board of Directors\*

Please note the total number of members of your Board of Directors.

*Character Limit: 250*

### Board Members - Contribute\*

Please note the total number of members of your Board of Directors who contribute financially (including in-kind) to the organization.

*Character Limit: 250*

## *Program and Participant Information*

---

### Program Locations - Zip Codes\*

Please check all zip codes in which you offered a program, event, or performance during your most recently completed fiscal year.

Do not check the zip codes of your audience members' homes, or zip codes of schools from which students visit your location. Rather, only check locations where you conducted programming.

#### Choices

38002  
38016  
38017  
38018  
38028  
38053  
38103  
38104  
38105  
38106  
38107  
38108  
38109  
38111  
38112  
38113  
38114  
38115  
38116  
38117  
38118  
38119  
38120  
38122  
38125  
38126  
38127

38128

38133

38134

38135

38138

38139

38141

Outside of Shelby County

Outside of Tennessee

### Program Locations - Detail (Optional)

Please list the location name and street address for up to five locations where you offered a program, event, or performance outside of your primary address during your most recently completed fiscal year. If you wish to enter location details for all programs, you may upload a list of program locations.

If you provided programming outside Shelby County or outside Tennessee, please provide details on those program locations.

*Character Limit: 5000 | File Size Limit: 5 MB*

### Program Location - Virtual Locations (Optional)

Please tell us any details you know or feel are important about your virtual audiences.

*Character Limit: 2500*

### Total Participants: All Programs\*

As a requirement of funding from the Tennessee Arts Commission and other funders, ArtsMemphis reports on demographic information of all grantees and their participants.

"Participant" refers to the estimated total number of individuals **directly benefiting from your operations and program**. This may include donors, subscribers, members, ticket buyers, audiences, education/outreach/engagement program participants, event attendees, listeners, etc.

Please include virtual participant numbers in this total.

Please note the total participants in your organization for your most recently completed fiscal year. Please make sure your numbers are accurate.

*Character Limit: 250*

### Total Participants - Virtual Programs\*

Please note the total number of virtual participants you had in your most recently completed fiscal year.

Please make sure your numbers are accurate. If you do not track your total virtual participants enter the number zero.

*Character Limit: 250*

### **Total Participants: Core Program\***

Please note the total number of participants in your core program, as described above, in your most recently completed fiscal year.

Please make sure your numbers are accurate. If you do not track your core program participants enter the number zero.

*Character Limit: 100*

### **Participant Numbers - Explanation\***

Please briefly explain your Participant Number tracking method.

*Character Limit: 1000*

### **Participant Demographics**

Of your TOTAL PARTICIPANTS, please note the number of participants for each demographic question. Please provide an estimate if you do not have an exact number.

**PLEASE NOTE: We are asking for numbers, not percentages, as we have in years past. We are also asking for numbers based on the total participant number you provided above.**

ArtsMemphis uses the same demographic data points collected by the Tennessee Arts Commission, in order to create efficiencies and build capacities for applicants.

A number must be entered into every demographic question field.

### **Participants under age 18\***

Please note the **NUMBER** of total participants who are under age 18 for your most recently completed fiscal year.

*Character Limit: 250*

### **Participants over age 65\***

Please note the **NUMBER** of total participants who are over age 65 for your most recently completed fiscal year.

*Character Limit: 250*

### **Participants living in rural or isolated settings\***

Please note the **NUMBER** of total participants living in rural or isolated communities for your most recently completed fiscal year.

*Character Limit: 250*

### **Participants living with disabilities\***

Please note the **NUMBER** of total participants living with a disability for your most recently completed fiscal year.

*Character Limit: 250*

**The numbers entered in the five fields below should equal the total participant number you entered above.**

### **Participants who are White\***

Please note the **NUMBER** of total participants who are White for your most recently completed fiscal year.

*Character Limit: 250*

### **Participants who are Black / African American\***

Please note the **NUMBER** of total participants who are Black / African American for your most recently completed fiscal year.

*Character Limit: 250*

### **Participants who are Hispanic / Latinx\***

Please note the **NUMBER** of total participants who are Hispanic / Latinx for your most recently completed fiscal year.

*Character Limit: 250*

### **Participants who are Asian / Asian American / Pacific Islander\***

Please note the **NUMBER** of total participants who are Asian / Asian American / Pacific Islander for your most recently completed fiscal year.

*Character Limit: 250*

### **Participants who are of another heritage\***

Please note the **NUMBER** of total participants who are of another heritage for your most recently completed fiscal year.

*Character Limit: 250*

### **Participant Diversity & Inclusion\***

Are a majority of your total participants people of color?

#### **Choices**

Yes

No

### **POC Prioritization\***

Does your organization specifically prioritize people of color?



**Choices**

Yes

No

**POC Prioritization - Detail**

If you answered "yes" in the question above, please provide any detail you feel is important to explain how your organization prioritizes people of color through your programs, operations, or other activities.

*Character Limit: 2500*

**Demographic Data Collection Method\***

Please indicate how you collect participant demographic data. Select all that apply.

**Choices**

Registration Form

School demographic data

Community / zip code demographic data

Survey

Observation

Do Not Track

Other

**Demographic Data Collection Method - Explanation**

If you provided estimates for the questions above, please explain why you do not track participant demographic numbers.

If you selected "Do Not Track" above, please note how you determined the demographic numbers provided.

Please share any additional information you wish to provide about how you collect participant demographic numbers.

*Character Limit: 2500*

***Certifications*****Civil Rights Act 1964, Title VI Compliance\***

In order to be eligible for funding, you must certify that your programming will be accessible to all Shelby County citizens regardless of race, color, sex, religion, age, national origin, marital status, sexual orientation, disability or any characteristic protected by law.

**Choices**

Yes, this organization adheres to the Title VI of the Civil Rights Act of 1964.

## Americans with Disabilities Act\*

Please certify that your programs and events will be offered at facilities that comply with ADA regulations.

### Choices

Yes, all in-person programs will be offered at accessible facilities.

## Child Protection Policy\*

By checking a box below, you acknowledge that a board-approved Child Protection Policy must be in place in order to receive grant funds from ArtsMemphis, if your organization works with anyone under the age of 18 as a participant in a program or in a volunteer capacity.

If your organization works with anyone under the age of 18 as a participant in a program or in a volunteer capacity, but does not have a board-approved Child Protection Policy, please contact Tracy Lauritzen Wright, [tlauritzenwright@artsmemphis.org](mailto:tlauritzenwright@artsmemphis.org), for information.

### Choices

Yes, we have a board-approved Child Protection Policy.

Our organization does not work with anyone under the age of 18.

Our organization does not have a board-approved Child Protection Policy.

## Child Protection Policy Date Reviewed

If you have a board-approved Child Protection Policy, please enter the date on which the policy was last reviewed with your board and/or staff.

The Memphis Child Advocacy Center recommends that the policy be reviewed with all new board members, new hires and new volunteers when onboarding, and that the policy is reviewed with all parties minimally every 2 years, but preferably every year.

*Character Limit: 10*