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| The Bryan Gallace  Posthumous Prodigy Productions Fellowship Grant  **APPLICATION FOR MUSICIANS** |
| \*All fields are required unless otherwise noted.  **Applications for The Bryan Gallace/Posthumous Prodigy Productions Fellowship  are due by April 1st.**  Please submit completed applications to [**prodigy@actofct.org**](mailto:prodigy@actofct.org) |

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# Eligibility

Please initial next to each of the below statements to confirm your eligibility to apply.

\_\_\_ I am at least 18 years old.

\_\_\_ I understand that the monetary portion of the Fellowship will be distributed in three installments based on a mutually agreed upon set of deliverables.

\_\_\_ I acknowledge and consent to the accreditation language (noted here) that must be used in all public materials resulting from this Fellowship.

\_\_\_ I agree to provide ACT of CT with access to the final product that results from this Fellowship via mutually agreed upon distribution channels.

# Acknowledgment

**a.** I agree to acknowledge Posthumous Prodigy Productions & ACT of CT in any public communication or representation related to the project or activity funded by the financial support. This may include, but is not limited to album jackets, publications, playbills, and social media posts.

**b.** I commit to crediting Bryan Gallace (in whose memory the Posthumous Prodigy Productions initiative was established) as a “Producer” on all albums or recordings produced if I am awarded this fellowship.

**c.** If awarded this fellowship, I commit to participating in two of ACT of CT’s annual galas, typically held in May or June each year in Ridgefield, CT. The primary objective of attending the initial gala (scheduled 1-2 months after the execution of this agreement) is to publicly announce the recipient of this year’s award. Subsequently, the purpose of attending the second gala (one year later) is to showcase an excerpt from the funded project. This showcase can take the form of a performance, such as a song from an album, or a public speech describing the project and how the funding helped bring the project to fruition. The specific format of performance will be mutually agreed upon by both ACT of CT’s Artistic Director Daniel C. Levine and the Fellow.

**d.** My likeness, image, and final project (if selected) may be utilized for archival, fundraising and promotional purposes, in perpetuity by Posthumous Prodigy Productions/ACT of CT. Company acknowledges that the final project and all parts therein shall at all times belong to and will be my property. I represent and warrant that all rights not specifically granted herein pursuant to this agreement, are reserved by me to be disposed of at my own discretion without any obligation to Posthumous Prodigy Productions/ACT of CT.

**e.** I acknowledges and agrees that I have the right to create this work/project and that no outside encumbrances exist.

# Personal Information

### Full Name:

### Email:

### Phone:

### Mailing Address:

# Artistic Background

### Bio:

1. **Describe your artistic vision, style, and the themes that inspire your work. How has your work evolved over time?** *Answer:*
2. **Share examples of your recent work, highlighting pieces that best represent your current artistic direction by providing links to your work samples, website, resume and portfolio.** *Answer:*

# Project Proposal:

**Project Title/Name of the specific project for which you are seeking funding:**

*Answer:*

**Outline the specific project for which you are seeking funding. What is its significance, and how does it contribute to your overall artistic goals?**

*Answer:*

**Provide a detailed timeline of the project, including key milestones and deadlines.**

*Answer:*

# Career and Artistic Goals:

1. **Short-term Goals (next 1-2 years): What are your immediate career and artistic aspirations?** *Answer:*
2. **Long-term Goals (next 5-10 years): Share your vision for the future. Where do you see your artistic career heading?** *Answer:*

# Impact and Outreach:

**Audience Engagement: How do you plan to engage and connect with your audience through your project and what impact do you hope to achieve?**

*Answer:*

**Describe any community involvement or outreach activities (if applicable) associated with your project.**

*Answer:*

# Budget:

**Provide a breakdown of how you intend to use the grant funds. Include expenses for any other relevant costs.** *Answer:*

# References & Additional Information:

**Provide contact information for two professional references who can speak to your artistic abilities and work ethic.**

*Answer:*

**Share any challenges you anticipate during the project and how you plan to overcome them. Are there any unexpected opportunities that may arise?**

*Answer:*

**(If applicable) If your project involves collaborations, provide details about the individuals or organizations you plan to work with.**

*Answer:*

**How will this award of $30,000 help to transform you, your work/art, and your project?**

*Answer:*

# Applicant Optional Survey

You may choose to answer the questions in this section or you may choose not to, with no adverse effect on your application.

ACT of CT is deeply committed to the belief that inclusion, equity, support and radical hospitality are not only important to creating art, but are vital in creating dialogue that leads to lasting change. To help with these efforts, we invite you to complete the following voluntary demographic survey.

**Race** *(select all that apply)*

\_\_\_ American Indian or Alaska Native *(e.g. Navajo Nation, Nez Perce Tribe, Mayan, Aztec, Nome Eskimo Community, etc.)*

\_\_\_ Asian *(e.g. Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.)*

\_\_\_ Black, African American *(e.g. African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, etc.)*

\_\_\_ Hispanic or Latinx *(e.g. Mexican or Mexican-American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, etc.)*

\_\_\_ Middle Eastern or North African *(e.g. Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.)*

\_\_\_ White *(e.g. German, Irish, English, Italian, Polish, French, etc.)*

\_\_\_ Other race, ethnicity or origin

\_\_\_ Prefer not to say

**Age:**

\_\_\_ 18-24 \_\_\_ 25-32 \_\_\_ 33-39 \_\_\_ 40-49

\_\_\_ 50-59 \_\_\_ 60-69 \_\_\_ 70 and over

\_\_\_ Prefer not to say

**To which gender identity do you most identify?**

\_\_\_ Female \_\_\_ Male

\_\_\_ Genderqueer/Gender non-conforming

\_\_\_ Trans female/trans woman \_\_\_ Trans male/trans man

\_\_\_ Non-binary

\_\_\_ Prefer to self-describe \_\_\_ Prefer not to say

**Do you identify as disabled or non-disabled?** Y/N \_\_\_