

Do not staple.

**Traditional Folk Arts - Guidelines and Application**  
**Application Deadline: February 19, 1999**  
**Funding to Start: July 1, 1999**

(Please print or type)

Name of Arts Group "Duke Cahill Project"

Contact Person Steven Vanoni

Mailing Address 2419 2nd Ave.  
(Number and Street, or P.O. Box)

Sacramento, Sacramento 95818  
(City, County, and ZIP Code)

Telephone 916-973-1951 (Day) 916-457-5269 (Evening)

916-973-1965 (Fax) http://surf.to/cahill (Email) web site

Check if your arts group is an incorporated, tax-exempt 501(c)3 arts organization.  247-11-0001 Federal Employer ID No. (if applicable)

**FISCAL RECEIVER (refer to Fiscal Receiver on page i)**

Name of Fiscal Receiver SPACES

Contact Name Seymour Rosen

Street Address 1804 North Van Ness

City/County/Zip Los Angeles / Los Angeles / 90028

Federal Employer ID No. 95 325 4427 Telephone: 323-463-1629 Fax: same

1. Check one artistic discipline listed below which best describes the work produced by your arts group (see definitions on page v):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 01 Dance                 | <input type="checkbox"/> 06 Design Arts/Architecture | <input type="checkbox"/> 12 Folk Arts (Discipline: _____) |
| <input type="checkbox"/> 02 Music                 | <input type="checkbox"/> 07 Crafts                   | <input type="checkbox"/> 14 Multi-Disciplinary            |
| <input type="checkbox"/> 03 Opera/Musical Theater | <input type="checkbox"/> 08 Photography              | <input type="checkbox"/> 17A Arts Service                 |
| <input type="checkbox"/> 04 Theater               | <input checked="" type="checkbox"/> 09 Media Arts    | <input type="checkbox"/> 17B Arts in Education            |
| <input type="checkbox"/> 05 Visual Arts           | <input type="checkbox"/> 10 Literature               | <input type="checkbox"/> 17C Presenters                   |
|   | <input type="checkbox"/> 11 Interdisciplinary        |   |

2. Number of years applicant has consistently been doing arts programming: \_\_\_\_\_

3. Have you previously received funding from the Multi-Cultural Entry Program?  No  Yes  
If yes, year funded: 19 \_\_\_\_\_  
Number of years funded: \_\_\_\_\_

4. If you have applied for funding in the Organizational Support Program (OSP) previously, please indicate most recent application status:  
Year Applied: \_\_\_\_\_  Funded  Not Funded

**5. Certification of Eligibility for Funding (Please Read Carefully)**

To be eligible for funding with the California Arts Council, **if signing on behalf of an organization**, I hereby certify that the applicant organization has proof of nonprofit status under sec. 501(c)(3) of the Internal Revenue Code, or under sec. 23701d of the California Revenue and Taxation Code, or that applicant organization is a unit of government; that applicant organization is consistently engaged in arts programming for a specific number of years prior to time of application; that applicant organization complies with the Civil Rights Act of 1964, sec. 504 of the Rehabilitation Act of 1973 (as amended), the Age Discrimination Act of 1975, the Americans With Disabilities Act of 1990, observes provisions of the Drug Free Workplace Act, and California Government Code secs. 11135-11139.5; that applicant organization complies with the Fair Labor Standards Act, as defined by the Secretary of Labor in part 505 of title 29 of the Code of Federal Regulations; that applicant organization has its principal place of business in California; has completed prior contract evaluations, if applicable; and has approval of applicant organization's board of directors or other governing body. **If signing on behalf of an individual**, I hereby certify that I am a working artist and show professional competence in an artistic discipline; and that I am a resident of California, except for artists applying in the Arts in Public Building Program. Whether signing on behalf of an organization or on behalf of an individual, I hereby certify that to the best of my knowledge and belief, the data in this application and in any attachments hereto are true and correct.

Authorized Official Signature \_\_\_\_\_

Date \_\_\_\_\_

Typed Name and Title \_\_\_\_\_

**CALIFORNIA ARTS COUNCIL  
TRADITIONAL FOLK ARTS GRANT PROGRAM**

1999-2000

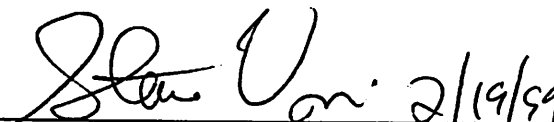
**EXHIBIT B**


**Certification of Compliance**

I certify that the applicant and sponsoring organization meets applicable requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, the Federal Drug Free Workplace Act of 1988 and Section 504 of the Rehabilitation Act of 1973, State of California Government Code Sections 11135-11139.5, the Americans With Disabilities Act of 1990 and that, to the best of my knowledge and belief, the data in this application and any attachments are true and correct. The application has been duly authorized by the governing body of the applicant organization.

**Applicant**

**Fiscal Receiver (if applicable)**

  
Signature, authorized board member | 2/19/99  
date

  
Signature, authorized board member | 2/20/99  
date

\_\_\_\_\_  
Typed name and title

SEYMOUR ROSEN - DIRECTOR  
Typed name and title                      SPACES

FEDERAL ID # 95 325 4427