



# AGENCY FORM

*Please complete this form and return it to us via e-mail or US Mail.*

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This organization is a charitable organization as described in Section 10 of the Internal Revenue Code.

Yes                       No

Executive Director: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Organization:               Public                       Nonprofit

Organization's Primary Focus:

- |   |  |
|---|--|
| <input type="radio"/> Community Development | <input type="radio"/> Health/Health-related  |
| <input type="radio"/> Arts & Culture        | <input type="radio"/> Religion               |
| <input type="radio"/> Education             | <input type="radio"/> Social Services        |
| <input type="radio"/> Environmental         | <input type="radio"/> Other (please specify) |
- \_\_\_\_\_

What is your organization's mission? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many clients does your organization serve annually? \_\_\_\_\_

Who are your primary constituencies? (Please specify the numbers served in as many categories as appropriate.)

- |  |   |  |
|--|---|--|
| <input type="radio"/> African American _____       | <input type="radio"/> Asian-American _____  | <input type="radio"/> Caucasian _____  |
| <input type="radio"/> Hispanic _____               | <input type="radio"/> Native American _____ | <input type="radio"/> Elderly _____    |
| <input type="radio"/> Children _____               | <input type="radio"/> Teens _____           | <input type="radio"/> Abused _____     |
| <input type="radio"/> Families _____               | <input type="radio"/> Women _____           | <input type="radio"/> Hungry _____     |
| <input type="radio"/> Disabled _____               | <input type="radio"/> Homeless _____        | <input type="radio"/> Recovering _____ |
| <input type="radio"/> Other (please specify) _____ |   |  |

If your agency already owns or exhibits original art, please describe:

In the normal course of business does your organization budget for the purchase of art?

Yes       No.

What is your organization's annual operating budget?

- |  |   |
|--|---|
| <input type="radio"/> Up to \$1 million            | <input type="radio"/> \$1 million - \$2,999,999 |
| <input type="radio"/> 3 million - \$4,999,999      | <input type="radio"/> \$5 million - \$7,449,999 |
| <input type="radio"/> \$7.5 million - \$10 million | <input type="radio"/> Over \$10 million         |

*(Note: ACNY may request additional supporting materials.)*

**E-Mail Submission**

Please e-mail the completed form to [artist@artconnectsnewyork.org](mailto:artist@artconnectsnewyork.org): and include PDFs of any additional information you think would be helpful to us.

**US Mail Submission**

If you prefer, print out and complete the form, then mail it along with any additional information to:

Art Connects New York  
Attention: Curator  
491 Broadway, 5<sup>th</sup> Floor  
New York, New York 10012

From time to time, ACNY plans to publish a list of participating artists, donors and recipient organizations. Please tell us if you do **NOT** consent to having your name included on such a list.

- No**, I do not want you to include my agency's name on listings of ACNY receiving agencies.

**We thank you for your interest and hope to be able to work with you!**