



## New England Musicians Resource Fund

## NEMRF Grant Application

To complete this application for assistance, please have the following documentation nearby: career history, financial statement, proof of Music Industry Employment (e.g., roster lists from concert programs or performing organization websites, resume with contact information for employers, proof of AFM union membership, online biography, discography), proof of school enrollment (if applicable).

**Do you reside or are you professionally active primarily in one or more of the six contiguous New England states? \***

- Yes
- No

**Will you be able to confirm that at least 50% of your income comes from employment as a performing musician and/or music teacher in at least three calendar years since 2020? \***

- Yes
- No

**Are you unable to work or experiencing financial hardship due to recent extraordinary circumstance or qualifying life event, e.g., lost work due to a positive Covid-19 test; lost work or incurred extraordinary expenses due to injury or other medical crisis; lost income during time off for childbirth or adoption; lost income during time off caring for a relative in need; eviction; job loss; other causes of dire need. \***

- Yes
- No

### Let's begin!

Here are a few questions at the start to confirm eligibility, and then the application begins. If you are not sure you qualify by these measures, please do apply anyway. Other factors may be considered.

**Legal Name \***

First Name      Last Name

## Basic Information

**Professional Name (if different than legal name)**

**Mailing Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Home Address (if different, or skip to next question)**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Email \***

example@example.com

**Phone Number**

Area Code

Phone Number

## Professional Career History

**How many years have you worked in the music industry? \***

**Were you a full time student during any years since 2020? \***

Yes

No

**If you were in school (answered yes to prior question), which years?**

**What do you do? (e.g., bassist, opera singer, songwriter, teacher, etc.) \***

**What is your primary genre? \***

List recent or current music-industry employers and/or attach proof of music employment (e.g., professional website, roster lists from concert programs or performing organization websites, calendar with performance dates and locations, resume with contact information for employers, proof of AFM Union membership, online biography, discography, etc.). The next question allows you to upload proof of music employment, if you prefer. \*

If applicable, where can we find your music online? (Spotify, Apple Music, SoundCloud, YouTube, professional Facebook/Instagram page, etc.)

## Description of Need

This section will be reviewed anonymously

Please describe the circumstances preventing you from working or otherwise causing financial hardship. You may upload this as a separate document if you prefer (see below to upload). Please include as much documentation as possible to support your request. \*

Please estimate the additional out-of-pocket expenses, if any, due to your extraordinary circumstances: \*

Number of people in household and their relationship to you: \*

**Number of working adults in household? \***

**Number of dependents in household? \***

**Please estimate the amount of income lost, if any, due to your extraordinary circumstances: \***

**NEMRF partners with the Brookline Center for Community Mental Health through a confidential referral basis. The Brookline Center also provides community-based social services and assistance in navigating public social services. By selecting yes to this question, we would share in confidence your name and preferred contact method with the Brookline Center, and they will reach out to you separately. Website: [www.brooklinecenter.org/](http://www.brooklinecenter.org/) \***

Yes, please share my name and contact details with the Brookline Center

No, not at this time

Prefer to not answer this question

**Please list your Individual or Household, if you file jointly, Adjusted Gross Income (AGI found on IRS form 1040, line 11) for 2020, 2021, 2022.**

**Adjusted Gross Income**

2020

2021

2022

**NEMRF partners with the Arts & Business Council (A&BC) through a confidential referral basis. The A&BC along with Volunteer Lawyers for America refer applications to a panel of volunteer attorneys who offer their services on a pro bono basis and paid attorneys who offer their services on a reduced fee basis. By selecting yes to this question, we would share in confidence your name and preferred contact method with A&BC, and they will reach out to you separately. Website: <https://artsandbusinesscouncil.org/> \***

Yes, please share my name and contact details with the Arts & Business Council

No, not at this time

Prefer to not answer this question

## Financial Background

This section will be reviewed anonymously

**(Optional) If you file taxes jointly with a partner, please estimate your individual income from the years 2020, 2021, 2022.**

Adjusted Gross Income

2020

2021

2022

**Does your individual income include income from work outside the music industry? \***

Yes

No

**If yes, approximately what percentage of your total individual income from 2020 - 2022 (not including unemployment compensation, pandemic assistance funds or other non-employment financial aid) came from working within the music industry?**

**Does your individual or household income numbers include unemployment compensation? \***

Yes

No

**If yes, which years and provide approximately how much in unemployment compensation?**

**Are you currently receiving unemployment? \***

Yes

No

**If you replied yes that you are receiving unemployment, please provide the Weekly Benefit Amount; otherwise, enter 0: \***

**Are you receiving short-term or long-term disability assistance from an employer or the government? \***

Yes

No

**Please describe nature and amount if receiving short-term or long-term disability assistance.**

**Are you receiving any other financial assistance, such as from federal or state programs or other relief organizations? If yes, please describe nature and amount; otherwise, enter N/A. \***

**Do you receive regular support from a family member or somebody else (for example, help paying your rent in part or full)? If yes, please describe nature and amount; otherwise, enter N/A. \***

**Please use the space below to describe any additional income sources or financial obligations pertinent to your application for assistance.**

## **Voluntary Demographic Survey**

We are committed to equity and inclusion and view data as an essential tool to be accountable to this commitment. This information is being collected for tracking and reporting purposes, will be maintained confidentially, and does not affect eligibility or selection. Each question offers you the option to not answer.

**Identify as: (select all that apply) \***

- American Indian or Alaskan Native
- Asian
- Black or African-American
- Latino or Hispanic or Latinx
- Middle Eastern/North African
- Native American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Multiracial or Biracial
- Prefer not to answer

**Identify Gender as: \***

- Female
- Male
- Non-binary
- Prefer to self-describe
- Transgender
- Prefer not to answer



**Do you consider yourself: \***

- Straight/Heterosexual
- Gay or Lesbian
- Bisexual
- Queer
- Prefer to self-describe
- Prefer not to answer

**Do you identify as a person with a disability or other chronic condition? \***

- Yes
- No
- Prefer not to answer

**Please indicate your Veteran status here: \***

- Veteran
- Recently Separated Veteran
- Armed Forces Service Medal Veteran
- No Military Service
- Prefer not to answer
- Does not apply
- Other

## Signature and Submission

I attest that all of the information included in this application is true to the best of my knowledge.

**Enter full name here \***