NOTE: Please note that you will not be able to create a profile until you have secured a fiscal sponsor or have 501c3 status.

OpenWater Profile Creation for Individual Artist Applicants

Personal Contact Information

First Name *

Last Name *

Email Address *

Work Phone # *

State *

Select

Zip Code *

Personal Contact Information

1. Please begin the application by filling each field as yourself. If needed, for work phone number, you may use your cell phone number

Are you affiliated with an organization that provides services, programming, or care to people living with HIV or at risk for HIV? *

- ○ Yes
- ○ No

Are you affiliated with an organization that provides services, programming, or care to people living with HIV or at risk for HIV?

2. If you are an artist or are working with an organization that provides direct services or programming to people living with HIV/AIDS, you can select “yes”.
3. Do not answer this question from the perspective of your fiscal sponsor but as yourself/your organization

Organizational Demographics

Organization Name *

Please use the official legal name the organization is registered under.

Other Organizational Name (dba)

Job Title *

Organization Address *

Street Address

Line 2

City

Country

United States

State / Province

Select

Zip / Postal Code

County *

Phone Number *

Organization Email Address *

Website

Organization Demographics

Please utilize your artist information when completing the organizational demographic questions.

4. For organizational name, please enter your name
5. Job title, please enter “Artist”
6. For organizational address, phone number, and email please use your personal or artist address, phone number, and email
7. For website, you may enter your artist website, if applicable

Organization Mission Statement

Organization Mission Statement and Type

8. Please type “N/a” for organizational mission statement if you are an individual artist. Include your organization’s mission statement if you have one. Do not use your fiscal sponsor’s mission statement.
9. Please select “other” for organization type if you are an individual artist.

Organization Type

Select all that apply.

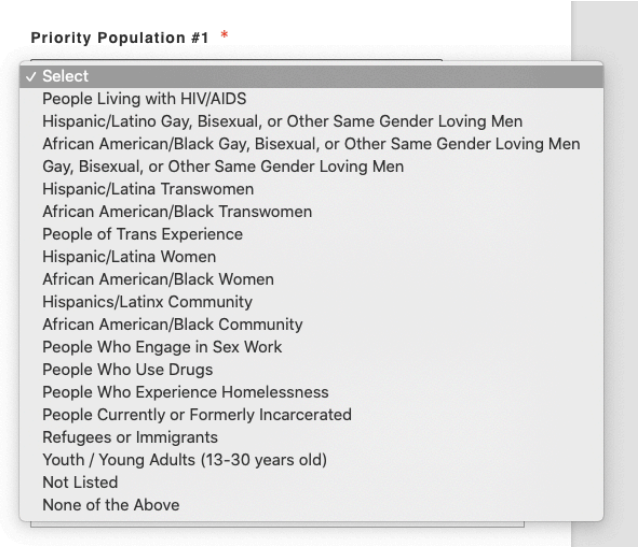
- ☐ AIDS Service Organization (ASO)
- ☐ Commercial Organization
- ☐ Community Based Organization (CBO)
- ☐ Community Health Center
- ☐ Educational Organization/Institution
- ☐ Federally Qualified Health Center (FQHC)
- ☐ Foundation
- ☐ Health Department
- ☐ HIV Medical Care Organization
- ☐ Hospital
- ☐ Medical Clinic
- ☐ Pharmaceutical Company
- ☐ Regulatory Agency
- ☐ Religious Organization
- ☐ Research Organization
- ☐ Ryan White Part C Clinic
- ☐ Social Service Organization
- ☐ Other

Where do most of the clients who access your direct services come from? Please select the one area that is the best fit for most of your clients. *

Where do most of the clients who access your direct services come from? Please select the one area that is the best fit for most of your clients.

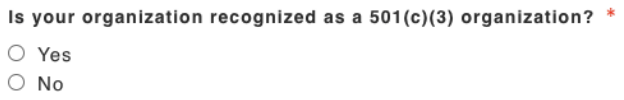
10. Please answer the question regarding clients according to the demographic location of your main audience and/or fanbase for your art.

- ○ City/town
- ○ Metropolitan Area
- ○ Your county
- ○ Your county & Neighboring counties
- ○ State/territory
- ○ National
- ○ International



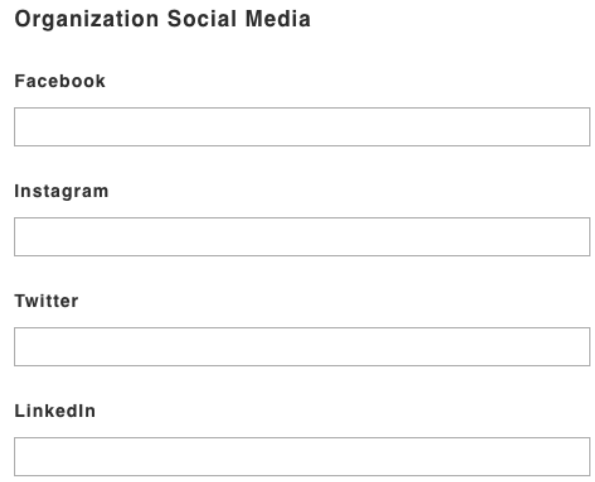
Which 3 communities does your organization primarily serve?

11. Please select priority populations according to the demographic location of your main audience and/or fanbase for your art.



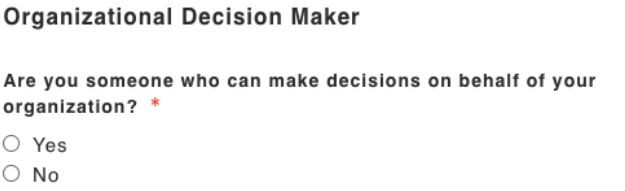
Is your organization recognized as a 501(c)(3) organization?

12. Select “yes”



Organizational Social Media

13. Please list your artist social media channels for this section, if applicable.



Are you someone who can make decisions on behalf of your organization?

14. Select “yes”