



Gilead COMPASS Initiative® Faith Coordinating Center

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 *	Person	al Contact Information
	Email Address *	<ol> <li>Please begin the application by filling each field as yourself. If needed, for work phone number, you may use your cell phone</li> </ol>	
	Work Phone # *		number
	State * Select		
	Zip Code *		
Are you affiliated with an organization that provides services, programming, or care to people living with HIV or at risk for HIV? *  Yes  No		provide people	a affiliated with an organization that es services, programming, or care to living with HIV or at risk for HIV?  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".  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				
Courty *				
County *				
Phone Number *				
Priorie Number				
Organization Email Address *				
Vebsite				

## **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 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  Research Organization  Ryan White Part C Clinic  Social Service Organization  Other	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.
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. *  City/town  Metropolitan Area  Your county  Your county & Neighboring counties  State/territory  National  International	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.

Priority Population #1 \*

## Which 3 communities does your organization People Living with HIV/AIDS primarily serve? Hispanic/Latino Gay, Bisexual, or Other Same Gender Loving Men African American/Black Gay, Bisexual, or Other Same Gender Loving Men 11. Please select priority populations according Gay, Bisexual, or Other Same Gender Loving Men to the demographic location of your main Hispanic/Latina Transwomen African American/Black Transwomen audience and/or fanbase for your art. People of Trans Experience Hispanic/Latina Women African American/Black Women Hispanics/Latinx Community African American/Black Community People Who Engage in Sex Work People Who Use Drugs People Who Experience Homelessness People Currently or Formerly Incarcerated Refugees or Immigrants Youth / Young Adults (13-30 years old) Not Listed None of the Above Is your organization recognized as a 501(c)(3) Is your organization recognized as a 501(c)(3) organization? \* organization? O Yes 12. Select "yes" O No **Organization Social Media** Facebook **Organizational Social Media** 13. Please list your artist social media channels for this section, if applicable. Instagram Twitter LinkedIn Organizational Decision Maker Are you someone who can make decisions on Are you someone who can make decisions on behalf of your organization? behalf of your organization? O Yes 14. Select "yes" O No