



Visual AIDS Artist Support Grants Report Form

Please answer the following questions and submit this form after you have spent your grant award. Your answers are confidential. We greatly appreciate your honesty.

Mail completed form to Visual AIDS: 526 W 26th Street #309 New York, NY 10001

Questions? Contact Constantine Jones at cjones@visualaids.org

[Click here](#) or scan the QR code to complete this form online.



Name: _____

Email: _____ Phone: _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip: _____

Date of Grant: February September Year: _____

What did you use your grant for and how has that helped sustain you as an Artist Member?

It would be helpful for us and our funders to know how this grant has impacted you. Please share anything that you feel comfortable having us use as an anonymous testimonial. (Optional)

Do you have any updates that you would like to share with Visual AIDS (new artwork, an recent artist bio, upcoming projects)? Do you need assistance updating your page on visualaids.org or want us to share an upcoming event or exhibition? Let us know in the space below. (Optional)