

# Crazy Horse Memorial Foundation®

## 2019 Cultural Programs Application

APPLICATION DEADLINE: **January 31, 2019**

Please complete, sign, and return this application to be considered for the **Cultural Programs** at Crazy Horse Memorial. By signing this agreement the applicant acknowledges receipt of and acceptance of all policies as contained in the applications. Upon review, the Cultural Programs Manager will notify you by March 16, 2019, through email or phone, of acceptance or non-acceptance to selected program(s) and by a formal letter of acceptance, upon which your signature on additional documents will be required.

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Please check all programs you are applying for and fill out the specific section for each:

- Artist in Residence Fellowship (AIR)     Gift From Mother Earth Art Show and Sale     Talking Circle Speakers Series  
 Living Treasures-Indian Arts Cultural Exchange     Performers     Mentor/Mentee (Please circle your category)

Please indicate any accommodations needed due to allergies, medical, or physical limitations:

\_\_\_\_\_

Please indicate the dates of Crazy Horse programs you have participated in previously:

Program \_\_\_\_\_ Dates \_\_\_\_\_  
(Month) (Year)

Program \_\_\_\_\_ Dates \_\_\_\_\_  
(Month) (Year)

Program \_\_\_\_\_ Dates \_\_\_\_\_  
(Month) (Year)

Program \_\_\_\_\_ Dates \_\_\_\_\_  
(Month) (Year)

Please specify other shows/programs you are applying for, or have been accepted to for 2019, and awards you have won:

Program/Show \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_

Program/Show \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_

Program/Show \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_

Program/Show \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_

Awards won: \_\_\_\_\_ Dates \_\_\_\_\_

Awards won: \_\_\_\_\_ Dates \_\_\_\_\_

Awards won: \_\_\_\_\_ Dates \_\_\_\_\_

Please indicate the names of all other people who will be assisting or working with you at Crazy Horse Memorial, if chosen:

\_\_\_\_\_

For questions please contact **Loni Manning at 605-673-4681, X 286**  
Please return images and all applicable pages of signed application to:  
**loni.manning@crazyhorse.org** or mail to **Loni Manning, Cultural Programs Manager,**  
**12151 Ave of the Chiefs, Crazy Horse, SD 57730-8900**

## Crazy Horse Memorial Cultural Programs Agreement and Understanding

The applicant agrees to hold harmless Crazy Horse Memorial Foundation (CHMF), its officers, directors, employees, partners, associates, affiliates, joint ventures, agents, consultants, and representatives from and against any and all losses, claims, damages, actions, cause of action, costs and expenses that the Artist may sustain, incur, suffer, or be put to at any time either before, during, or after the expiration or termination of the Agreement, where the same or any of them are passed upon, arise out of or occur, directly or indirectly, by reason of any act or omission of the Artist or any agent, or employee of the artist pursuant to this agreement. Crazy Horse Memorial Foundation will not be held financially or otherwise liable for cancellation of programs, with reasonable notice, due to inclement weather or executive decisions made in the best interest of public safety, security, or satisfaction.

1. The Artists/Presenters shall be responsible for obtaining any and all insurance necessary for the Artist/Performer, their artwork, materials, equipment, monies, and any of their associates as deemed necessary by the Artist/Performer.
2. The Artists/Presenters agrees that the Memorial has the right to establish and enforce all rules and regulations, as it deems proper for the benefit, safety, and security of all participants, attendees, staff, and property. Should the Memorial cancel an event for any reason whatsoever, the Memorial is not responsible for any costs incurred by the artist.
3. Artists/Presenters must be present and on-site throughout the Gift From Mother Earth, Living Treasures, or other events according to agreed designated times and dates or the Cultural Programs Manager reserves the option to offer their space/position to someone else.
4. Artists/Presenters agrees to document and manage all sales transactions for their work, and shall be responsible for the collection, accounting, and reporting of all sales taxes to the State of South Dakota.
5. Each individual Artists/Presenters selling goods at Crazy Horse MUST have a current valid South Dakota Sales Tax License. If you do not have a permanent SD Sales Tax License, you may obtain a temporary Sellers Permit from the South Dakota State Sales Tax ID office for the duration of the program. A copy of the State Tax ID, must be submitted to the Cultural Programs Manager upon acceptance. Failure to produce a current valid State Tax ID upon request, will result in the exclusion from Cultural Programs and the loss of any space or entrance fees paid to the Memorial.
6. Accepted Artists/Presenters must submit to the Cultural Programs Manager, proof of Tribal enrollment/CIB in a federally recognized tribe, membership in a State recognized tribe, or certified as an Indian artisan, in accordance with the Indian Arts and Crafts Act.
7. Crazy Horse Memorial Foundation reserves the right to refuse artwork, exhibits, performances, presentations, or lectures that may have been found to use false information, may otherwise be deemed unsuitable or objectionable or are not in keeping with the philosophy and purpose of the Cultural Programs. This restriction also applies to excessive noise, persons, objects, conduct, printed material, or any activity that might be found objectionable to the Memorial or not in keeping with the philosophy of the Memorial as a whole.
8. The right to refuse, also applies to individuals who have inappropriate online and social media posts reflecting a negative light on Crazy Horse Memorial; engaged in infringement of copyrighted images, written materials, or intellectual property owned by Crazy Horse Memorial; made false claims about, or who have unresolved personal or legal issues with Crazy Horse Memorial or other associated entities.
9. Accepted Artists/Presenters are prohibited from conducting private business or sales that have not been approved through Cultural Programs at Crazy Horse Memorial (CHM) and/or any Crazy Horse Memorial Foundation property. This may include (but is not limited to) unapproved film production; the promotion and selling of books, CDs, etc., without a prearranged agreement; or soliciting tips through verbal or visual/physical representation (i.e. tip jars or over-turned hat, etc.). Artists NOT accepted to any of the cultural programs will not be allowed to sell their works to the public, to employees, or to other artists at Crazy Horse Memorial.
10. The Artists/Presenters verifies all works on display, sold, or demonstrated are created by the Artist. Works that are completely made or partially made by artists other than the approved submitting artists, or factory made products, will be disqualified.
11. Artist must comply with current state, national, and international laws and regulations with regards to the use of endangered species material in their works. Use of such materials should be disclosed on the authenticity tag.
12. Possession or consumption of alcoholic beverages and other intoxicants or mood altering drugs are not allowed during work hours, at Crazy Horse Memorial Foundation, except in designated areas for authorized entertainment events. Artists agree to not serve, sell, give away or permit the consumption of any alcoholic beverages or intoxicants in or near assigned artist's area during scheduled work time. Violation of this agreement shall result in immediate removal of the artist. Smoking, smudging, or burning is only permitted in designated areas.
13. Accepted Artists/Presenters are required to sign the Photo Media Release form authorizing Crazy Horse Memorial Foundation to use their images, likeness, and voice recordings, in their entirety or any portion thereof, in connection with the publicizing and promoting of Crazy Horse Memorial and its events, programs and activities, in print, video, social media, or website. They will also be required to sign the Copyright, Trademark, Photography, Filming, and Media Notice detailing Crazy Horse Memorial's exclusive permission rights to certain images.
14. The Artist/Presenter verifies that he/she understands his/her engagement with Crazy Horse Memorial Foundation is not as an employee and therefore, the Artist is not covered under Crazy Horse Memorial Foundation's Workers Compensation Insurance, and also is not eligible for employee benefits including but not limited to discounts on tickets, purchases, meals, or benefits such as van rides, housing, travel costs, etc., unless specified in their individual program contract.

**By signing this form you are agreeing to all of the above items in this Agreement and Understanding, and the policies for each individual program to which you are applying. Signing this form also verifies that all information in the following sections is true and accurate.**

(Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

## Mentoring Programs

**Overview:** Selected Native mentees will be paired with experienced, respected Native artists, and/or cultural bearers/mentors for 100 hours of one-to-one independent study:

**Traditional Art** is for individuals interested in learning and continuing the practice of traditional Native art, which may include, but not limited to beading, quilling, hide tanning, making clothing and other objects.

**Storytelling**, a valued way of passing on cultural traditions and beliefs, is for individuals who have the potential to become culture bearers in families and communities.

**Studio Art** is for individuals interested in art mediums which may include but are not limited to painting, sculpture, or printmaking.

### Eligibility-Student:

- Must be an enrolled member of a state or federally recognized American Indian tribe and must reside in one of these four states: Minnesota, North Dakota, South Dakota or Wisconsin.
- Has an interest in working in the three areas named above (Traditional Arts, Storytelling, and Studio Arts) and is willing to work with a mentor for at least 100 hours over a 12-month period.
- Must provide contact information for two references (one must be a teacher, professor or similar).

### Eligibility-Mentor:

- Must be an established Native artist and/or Cultural Bearer who is an enrolled member of state or federally recognized American Indian tribe from these four states: Minnesota, North Dakota, South Dakota or Wisconsin. Ten or more years of experience is considered established.
- Have an interest in working in the three areas named above (Traditional Arts, Storytelling, and Studio Arts) and willing to work with a selected student for at least 100 hours over a maximum of a 12 month period.
- Must provide contact information for two references.

**Funding:** Stipends are being provided to both student mentees and mentoring artist to support costs.

- Mentoring artists will be paid \$20.00 per hour X 100 hours = \$2,000.00
- Student will be paid \$10.00 per hour x 100 hours = \$1000.00
- Supplies/materials/incidentals associated with the program will be reimbursed up to the amount of \$1,200.00 for the experience.

### Responsibilities:

- Mentor/student are required to submit four (4) 25 hour logs which will outline the educational experiences and mentorship progress in order to process payment to mentor/student each quarter. Specific dates and hours of meetings and conversations must be included on the log.
- Payment for supplies/materials/incidentals will be reimbursed, upon submission of receipts, up to the total supplies limit of \$1200.00. The program does not provide payments in advance.
- Mentor must submit a proposed plan of goals, instruction, or lesson plans outlining the learning that will take place.

**Selection:** Students and mentoring artists will be selected by THE INDIAN MUSEUM OF NORTH AMERICA® professionals who are administering the program. Applicants will be rated based on meeting eligibility requirements and completing the application. It is Crazy Horse Memorial's goal to develop productive matches that are mutually beneficial to both parties in the intergenerational transfer of cultural knowledge.

**The deadline is a rolling deadline.** Please return your application and requested material to Loni Manning, at [loni.manning@crazyhorse.org](mailto:loni.manning@crazyhorse.org) or by post to 12151 Avenue of the Chiefs, Crazy Horse, SD 57730-8900.

For questions please contact **Loni Manning at 605-673-4681, X 286**  
Please return images and all applicable pages of signed application to:  
**[loni.manning@crazyhorse.org](mailto:loni.manning@crazyhorse.org)** or mail to **Loni Manning, Cultural Programs Manager,**  
**12151 Ave of the Chiefs, Crazy Horse, SD 57730-8900**

## Mentoring Programs

### **Mentor/Instructor Information:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
TRIBAL AFFILIATION: \_\_\_\_\_ ENROLLMENT NUMBER: \_\_\_\_\_  
Mentor signature \_\_\_\_\_ Date \_\_\_\_\_

### **Contact information for two references:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
TRIBAL AFFILIATION: \_\_\_\_\_ ENROLLMENT NUMBER: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
TRIBAL AFFILIATION: \_\_\_\_\_ ENROLLMENT NUMBER: \_\_\_\_\_

### **Mentee/Student Information:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
TRIBAL AFFILIATION: \_\_\_\_\_ ENROLLMENT NUMBER: \_\_\_\_\_  
Mentee signature \_\_\_\_\_ Date \_\_\_\_\_

### **Contact information for two references:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
TRIBAL AFFILIATION: \_\_\_\_\_ ENROLLMENT NUMBER: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
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