



**The NAMES Project
NY Capital Region Chapter
225 Lark Street
Albany, NY 12210
info@aidsquiltny.org**

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AIDS MEMORIAL QUILT REQUEST FORM

Thank you for your interest in hosting a display of the NAMES Project AIDS Memorial Quilt. Enclosed or below you will find an application for you to complete that will provide us with needed information in evaluating your request. Please feel free to attach any additional information that you feel may be useful, such as a floor plan for the display or any literature that you have to promote the event. In addition to the 12 x 12 foot sections of the Quilt, our Chapter can provide any requested information about the NAMES Project Foundation and history of the AIDS Memorial Quilt. If needed, we also have piping and cable-ties available to hang the Quilt panels.

Our current fee structure for AIDS Quilt Displays:

- Each 12 x 12 panel of Quilt.....\$100.00
- Each 12 x 12 panel with piping and cable-ties.....\$125.00
- Each 12 x 12 panel with Chapter involvement.....\$150.00 and up.

You may request for our Chapter to work with you to obtain staffing to do educational sessions or workshops during your display on a fee for services basis. If you would like to explore this option, free to speak with a Chapter representative regarding additional costs you may wish to incur.

Of course we welcome any additional honorarium that will help our Chapter to offset the cost of shipping the Quilt to and from the National Office in Atlanta or providing additional support services. By doing so, we will be able to continue to support you in bringing Quilt to schools, places of worship, hospitals and other parts of the community.

All Quilt displays *must* be free to all attendees. However your organization may sell AIDS related merchandise, or take up a collection and/or free will offering to cover the costs of the display. Organizers are encouraged to apply for grant funding through their organization and other community sources.

If you have any question, please feel free to write our Chapter. Note that no decisions about potential display events can be made until your application is received and reviewed by our Chapter. We look forward to receiving your application and helping you with your efforts in raising HIV/AIDS awareness in your community.

Sincerely,
The NAMES Project, NY Capital Region Chapter

AIDS MEMORIAL QUILT DISPLAY APPLICATION

Organization hosting Display: _____

Address of Display: _____

City: _____ State: _____ Zip: _____

Name of the Event: _____

Start date of Display: ____/____/____ Time: _____ (AM / PM)

End date of Display: ____/____/____ Time: _____ (AM / PM)

Organization Contact:

Name: _____ Title: _____

Phone: (____) _____ - _____ extension: _____

FAX: (____) _____ - _____ E-mail: _____

Number of 12x12 panels of Quilt you would like to display: _____

(Specific panel numbers should be requested as far in advance as possible)

(The NAMES Project Chapter determines the specific number of Quilt panels available)

List any specific Quilt panels you are requesting: # _____, # _____

Date you would like to pick up the Quilt panels: ____/____/____

Date you plan to return the Quilt panels: ____/____/____

Our organization will donate an additional honorarium (beyond the required Quilt panel fees outlined in the AIDS MEMORIAL QUILT REQUEST FORM) of:

\$ _____ for this display to the NAMES Project, NY Capital Region Chapter.

Is this display wheelchair accessible? **YES** **NO**

Will you need any printed materials from the NAMES Project? **YES** **NO**

If yes, which one(s): _____

We have _____ volunteers to help staff this event. We **DO** **DO NOT**
need additional staffing from the NAMES Project Chapter.

Briefly describe any additional requests you may have of the NAMES Project:

Briefly describe the goals of your display: _____

List any HIV/AIDS related education/prevention activities occurring concurrently with the display and any other AIDS Service Organizations that will be present:

Describe the exhibit area and plans for displaying the Quilt, including how the Quilts will be displayed: _____

Describe on-site security measures that will be taken to protect the Quilt(s) while displayed and stored: _____

(signature of Event Planner)

(date)

CHAPTER USE ONLY

The NAMES Project, NY Capital Region Chapter has approved this request for a display of the AIDS Memorial Quilt.

The Organization was given Block #(s): _____ / _____ / _____ / _____

The Quilts were returned by: _____ **on** _____ - _____ - _____

Comments: _____

(signature of Chapter Representative)

(date)

NAMES Project, NY Capital Region Chapter

QUILT RELEASE AGREEMENT

I, _____ am picking up _____ panel(s) of the
(Please print)

AIDS Memorial Quilt for display purposes and I agree to the following:

1. I am responsible and liable for the Quilt from the time they are given to me, until the time that I return them to the NAMES Project, NY Capital Region Chapter. I will follow predetermined arrangements made between the NAMES Project staff and myself for receiving and returning the Quilt.
2. While being displayed, the Quilt will be secured in a room that is non-smoking and does not allow for food or drink within 15 feet of the Quilt.
3. During non-display hours through out the display, the Quilt must be in a locked room with limited access, and security will be provided when possible.
4. When being stored, the Quilt will remain in a locked room with limited access. They will remain in their storage duffel bag if one has been given to me.
5. The Quilt will not remain in any vehicle except when being transported and I will not leave the Quilt unattended, in any car or other vehicle, even if they are in bags.
6. No signatures or any other type of alterations will be permitted to any Quilt. I understand that I am required to supply proper security measures to make sure the Quilt is not altered in any way.
7. I agree that the Quilt will not be used as a backdrop for, or in support of, any political action except HIV/AIDS education and awareness.

I will return the Quilt panels to the NAMES Project Chapter on: ____/____/____

(Signature of person accepting Quilt)

(date)

(Make a copy of this form for your records)

**PLEASE COMPLETE TO THE BEST OF YOUR ABILITY
AND RETURN WITH THE QUILT PANELS. THANK YOU!**

Total Number of Visitors at your Display: _____

Male: _____ Female: _____

Age of Visitors:

(list number or % for each age group)

Under 12 years old _____
Junior High (12-15) _____
High School (16-18) _____
Young Adults (19-25) _____
Adults (25-50) _____
Senior Citizens (over 50) _____

Demographics of Visitors:

(list number or % for each)

Caucasian / white: _____
African American / Black / Caribbean: _____
Hispanic / Latino: _____
Asian / Pacific Islander: _____
Native American / American Indian: _____
Mixed Race: _____
Other: _____
Please specify: _____

Residency:

Inner-City: _____ Group Home: _____
Rural Area: _____ Incarcerated: _____
Mixed: _____ Homeless: _____
Other: _____ specify: _____

Comments: _____

