

**NAMES Project,
NY Capital Region Chapter
225 Lark Street
Albany, NY 12210
(518) 465-0595**

AIDS MEMORIAL QUILT REQUEST FORM

Thank you for your interest in hosting a display of the NAMES Project AIDS Memorial Quilt. Enclosed 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.

While there is no charge for using the Quilt for outreach or display events, our Chapter does ask organizations to provide an honorarium whenever possible. These donations help us to bring the Quilt to schools, places of worship, hospitals and other parts of the community. Listed below is a guideline for suggested honorariums:

- 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.

We provide this only as a suggested guideline, and at the requests of past organizations who have used the Quilt for displays. We will welcome any received honorarium that will help our Chapter to offset the cost of shipping the Quilt to and from the National Office in Atlanta. If your display is for HIV education/prevention to youth, and the Chapter is allowed to provide educators to do workshops during the display, the honorarium *may* be waived. Speak with a Chapter representative regarding this.

All Quilt displays *must* be free to all attendees. However your organization may sell AIDS related merchandise, or take up a collection 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 call our Chapter. Note that no decisions about potential display events can be made until this 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,
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 number of Quilt panels available)

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

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

Our organization will donate an honorarium 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.
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 bag or box.
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 their bags or boxes.
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)