## 2018 Arts and Culture Grants

### Programming & Project Assistance

# Application Form

## Annual Programming Support

### Small Grants, up to $5,000

Programming & Project Assistance Grants for '*Annual Programming Support: Small Grants*' provide financial support for a wide range of creative, artistic and cultural initiatives:

- *that demonstrate a high level of artistic practice*
- *that directly engage the creative participation of the community*
- *that offer clearly-articulated benefits to the community*
- *that meet clear community need and/or target underserved sections of the population, or*
- *that foster the development of emerging arts and cultural practices, or*

## GENERAL INFORMATION

### 1. Applicant Organization

**NAME OF ORGANIZATION**

**MAILING ADDRESS**

| **CITY** | **PROVINCE** | **POST CODE** |
|---|---|---|
|  | BC |  |

### 2. Primary Contact *(person completing application)*

| **NAME** | **TITLE WITH ORGANIZATION** | |
|---|---|---|
| **E-MAIL** | **PHONE (1)** | **PHONE (2)** |

## 3. Eligibility Check

To be eligible to receive a Programming & Project Assistance Grant for *'Annual Programming Support,'* applicants **must** have an arts-primary mandate.

Eligible applicant categories are listed below.
**PLEASE CHECK ANY THAT APPLY TO YOU:**

A.   *a non-profit organization, registered under the new BC Society Act*

B.   *a recognized arts group with an equivalent (e.g. out-of-province) non-profit designation*

C.   *a recognized charity, granted charitable status by the Canada Revenue Agency*

D.   *a recently-formed arts group or collective not yet incorporated as a non-profit society*

E.   *an arts group or collective, partnering with an eligible non-profit society for the purposes of this grant application*

F.   *an arts group or collective working in an area of emerging artistic or cultural practice, including with youth or with diverse communities*

If you checked A, B or C (above), …
**PROVIDE YOUR OFFICIAL SOCIETY OR CHARITY NAME, ESPECIALLY IF DIFFERENT FROM THE NAME PROVIDED ON PAGE 1**

**YOUR SOCIETY NUMBER**                    **AND/OR YOUR CHARITY NUMBER**

**IS YOUR ORGANIZATION CURRENTLY IN GOOD STANDING?**          **YES**          **NO**
◯          ◯

**IF YES, PLEASE PROVIDE PROOF OF GOOD STANDING**          **ATTACHED**
◯

If you checked D (above), …
**WHEN DO YOU EXPECT TO APPLY FOR NON-PROFIT STATUS?**

If you checked E (above), …
**PLEASE IDENTIFY THE ELIGIBLE NON-PROFIT WITH WHOM YOU ARE PARTNERING FOR THE PURPOSE OF THIS GRANT APPLICATION**

## 4. Applicant Profile

If you are a returning client with an established grant history (i.e. for five years or more), **and** you submitted a grant request last year, your 'Applicant Profile' will be kept on file for up to a maximum of three years.

**PLEASE CHECK BELOW TO INDICATE …**

◯   *that you have submitted a new 'Applicant Profile' with this application*

◯   *that you have an 'Applicant Profile' on file*

It is the responsibility of the applicant to keep their 'Applicant Profile' updated as the organization changes over time.

## ARTISTIC   IMPACT

Policy identifies four areas of evaluation that speak to *'artistic impact'*:

- *Artistic Merit*
- *Creativity and Innovation*
- *Uniqueness of Program*
- *Value of Intended Outcomes*

## 5.   Program Outline

**NAME OF THE PROGRAM OR PROGRAMS FOR WHICH FUNDING IS SOUGHT**

**PROVIDE A BRIEF SYNOPSIS OF THE PROGRAM OR PROGRAMS FOR WHICH FUNDING IS SOUGHT.  DESCRIBE WHAT IT ENTAILS, AS WELL AS WHEN AND WHERE IT TAKES PLACE.**

**WHERE POSSIBLE, IDENTIFY KEY ARTISTS, CURATORS, EDUCATORS OR PERFORMERS WHO WILL DELIVER THE PROPOSED PROGRAMMING   (200 WORDS)**

## 6.   Artistic Innovation

**TO WHAT EXTENT IS THE PROPOSED PROGRAM DISTINCT OR INNOVATIVE OR NEW IN THE CONTEXT OF OTHER OFFERINGS AVAILABLE ON THE NORTH SHORE?**

| NOT<br>AT ALL | NOT<br>SIGNIFICANTLY | SOMEWHAT<br>DIFFERENT | FAIRLY<br>DISTINCT | TOTALLY<br>UNIQUE |
|:---:|:---:|:---:|:---:|:---:|
| ◯ | ◯ | ◯ | ◯ | ◯ |

**WHAT IS IT THAT IS DIFFERENT, INNOVATIVE OR NEW ABOUT YOUR PROGRAM?**

## 7.   Program Objectives

**IDENTIFY YOUR KEY <u>ARTISTIC</u> GOALS AND OBJECTIVES FOR THE PROGRAM(S) DESCRIBED ABOVE**

**WHAT, IF ANYTHING, DO YOU NEED TO DO DIFFERENTLY THIS YEAR TO ACHIEVE THE DESIRED OUTCOMES?**

## 8.   Support Materials – Artistic Impact

*Attach the following support materials where appropriate and/or if available:*

resumes or descriptive 'bios' for artists and other creative talent

photos* from previous year's activities

- **MINIMUM OF 10, MAXIMUM OF 15**
- **SUBMIT AS PRINT QUALITY .JPG FILES      – NO .PDF PAGES OR SLIDESHOWS**
- **INCLUDE IN ELECTRONIC SUBMISSION      – NO PRINTED COPIES**

any collateral materials used in previous year(s)

- **PROGRAM DESCRIPTION – INSTRUCTIONS TO PARTICIPANTS – BROCHURES**

video and/or audio files

- **SUBMIT A LIST OF ACTIVE LINKS TO YOUTUBE, VIMEO OR OTHER WEB VIDEO SITES**

audience surveys

Copies of testimonials or letters of support

*\* NVRC reserves the right to use any photos submitted for reporting and non-commercial promotional purposes – i.e. in staff reports and presentations, on the website or as part of materials that promote the programs and work of the NVRC.  Please secure any necessary releases or permissions prior to submitting photos as part of this application.*

## COMMUNITY   BENEFIT   &   IMPACT

Policy identifies four sets of criteria that speak to **'community benefit and impact'**:
- *Demonstrated Need*
- *Level of Service*
- *Level of Volunteer Involvement*
- *Evidence of Community Partners & Support*

## 9.   Participation Metrics

**TOTAL NUMBER OF PEOPLE YOU EXPECT TO ATTEND YOUR ACTIVITY OR PARTICIPATE IN YOUR PROGRAM(S).**

**TOTAL NUMBER OF PEOPLE THAT ATTENDED YOUR ACTIVITY OR PARTICIPATED IN YOUR PROGRAM(S) IN PREVIOUS YEARS.**

2017     ....................
2016     ....................
2015     ....................

**TOTAL HOURS OF PROGRAMMING PROPOSED AS PART OF THIS APPLICATION.**

**TOTAL HOURS OF PROGRAMMING IN PREVIOUS YEARS.**

2017 ....................

2016 ....................

2015 ....................

The value of participation is <u>not</u> measured simply by the numbers of people in attendance, but by the quality of participation or depth of impact that the program offers to those who take part.

**DESCRIBE THE IMPACT ON PARTICIPANTS OF THEIR ATTENDANCE AT OR INVOLVEMENT IN THE PROGRAM. (100 WORDS)**

## 10. Access and Inclusion

Are you taking steps to ensure that your program is accessible &/or inclusive with respect to …

| | YES | NO |
|---|---|---|
| **PEOPLE WITH MOBILITY CHALLENGES AND/OR PHYSICAL DISABILITIES?** | ○ | ○ |
| **ADULTS &/OR CHILDREN WITH DEVELOPMENTAL DISABILITIES?** | ○ | ○ |
| **MEMBERS OF THE LGBTQ COMMUNITY?** | ○ | ○ |
| **(LOCAL) FIRST NATIONS &/OR URBAN INDIGINOUS PEOPLES?** | ○ | ○ |
| **PEOPLE FROM ETHNIC AND CULTURAL MINORITIES?** | ○ | ○ |
| **LOW INCOME PEOPLE & FAMILIES?** | ○ | ○ |
| **OTHER UNDERSERVED POPULATIONS IN THE COMMUNITY?** | ○ | ○ |

**PLEASE SPECIFY**

**DESCRIBE HOW YOU ARE WORKING WITH THE IDENTIFIED POPULATION(S) TO IDENTIFY AND REMOVE BARRIERS IMPACTING THEIR PARTICIPATION.**

**ATTACH EXTRA SHEETS IF REQUIRED.**

## 11.  Target Audience & Promotion

**IDENTIFY YOUR KEY TARGET MARKET OR DEMOGRAPHIC.**

**OUTLINE YOUR PLAN TO REACH YOUR TARGET AUDIENCE.  (100 WORDS)**

## 12.  Social Media

**FACEBOOK:** www.facebook.com/                                        **TWITTER: @**

**EVENT HASHTAG: #**                                                **INSTAGRAM: @**

**SNAPCHAT:**                                                        **YOU TUBE CHANNEL:**

## 13.  Volunteers & Interns

**HOW MANY VOLUNTEERS &/OR INTERNS ARE ENGAGED IN THE DELIVERY OF THE PROGRAM(S) DESCRIBED?**

**WHAT DO THEY DO?  WHAT DO THEY GAIN FROM THE EXPERIENCE OF WORKING WITH YOU?**

**IF YOU DO NOT ENGAGE VOLUNTEERS &/OR INTERNS TO ASSIST IN THE DELIVERY OF YOUR PROGRAMMING, PLEASE OFFER A BRIEF RATIONALE FOR NOT DOING SO.**

## 14.  Support Materials – Marketing Collateral

*Attach samples the following support materials where appropriate and/or if available:*

print ads

on-line ads, social media promotion

posters

radio or TV spots

media coverage

## ORGANIZATIONAL CAPACITY AND/OR NEED

Policy identifies three areas of assessment in respect of *'organizational capacity and/or need'*:

- *Ability to Deliver the Program, Project or Initiative*
- *Evidence of Financial Need*
- *Evidence of Funding from Other Sources*

## 15.  Funding Request

**2018 GRANT REQUEST**                              **2018 BUDGET**

FOR STAFF USE ONLY

Grant Request as a Percentage of the Projected Program Budget

%

**IS THIS YOUR FIRST GRANT REQUEST TO SUPPORT THIS PROGRAM?  (DO NOT COUNT MINOR VARIATIONS IN PROGRAM CONTENT OR DELIVERY AS A NEW PROGRAM)**

YES            NO

◯            ◯

**IF NO, IN WHAT YEAR DID YOU FIRST RECEIVE A GRANT?**

If you have previously received a grant for the programming outlined in this application, please complete the following information for the last three years in which funding was received.

| GRANT YEAR | GRANT RECEIVED | REPORTED EXPENDITURES |
| --- | --- | --- |
| 2017 | | |
| 2016 | | |
| 2015 | | |

## 16.  Cost of Participation

**WHAT IS THE COST OF PARTICIPATION AT &/OR ADMISSION TO YOUR PROGRAM, PROJECT OR ACTIVITY?**

**HOW DID YOU DETERMINE THE APPROPRIATE PRICE POINT?  PROVIDE COMPARABLES &/OR A BUDGET RATIONALE.**

## 17.  Why is Funding Needed?

**WHAT, SPECIFICALLY, WILL THE GRANT BE USED FOR?**

**IF THE CURRENT PROGRAM HAS BEEN RECEIVING AN ARTS & CULTURE GRANT SUPPORT FOR FIVE (5) YEARS OR LONGER, HOW WILL THE GRANT HELP YOU EXPAND &/OR IMPROVE YOUR ACTIVITIES?  (125 WORDS)**

## 18. Other Sources of Support

**LIST OTHER SOURCES OF COMMUNITY SUPPORT, CORPORATE SPONSORSHIP, FOUNDATION GRANTS OR GOVERNMENT FUNDING THAT YOU ARE SEEKING OR HAVE SECURED.**

## 19. Planning for Sustainability

**OVER THE NEXT FIVE (5) YEARS DO YOU HAVE A (BUSINESS) PLAN DETAILING THE RESOURCES REQUIRED TO SUSTAIN THE PROGRAM IN A FINANCIALLY RESPONSIBLE WAY?**

**YES** ○    **NO** ○

**IF YES, PLEASE ATTACH A COPY TO THIS APPLICATION**    **ATTACHED** ○

**IF NO, PLEASE OUTLINE ANY ASSISTANCE THAT THE NVRC MAY BE ABLE TO PROVIDE IN HELPING YOU DEVELOP SUCH A PLAN**

## 20. Program Budget and Financial Information

Please confirm below that you have submitted the budget and financial information required as part of this application:

○ a completed ***Programming & Project Assistance Grant: Budget Form***
  - **AVAILABLE ON A SEPARATE MS EXCEL FORM**

○ a copy of your ***Financial Statements*** for the most recently completed fiscal year
  - **PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING STANDARDS**
  - **INCLUDING AT MINIMUM AN INCOME STATEMENT AND BALANCE SHEET**

## DECLARATION & SIGNATURES

*I, the undersigned, certify that, to the best of my knowledge, all information provided in this application is accurate and true and is endorsed by the organization I represent.*

**SIGNATURE OF PERSON FILING THE APPLICATION**    **NAME**

**DATE**

*Electronic copies of the application may be submitted either with an electronic signature (if available), or without a signature as long as the hard copy submission includes an original signature. In order to maintain the functionality of this document for staff use, please do NOT submit a printed and scanned copy of the application.*