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Programming & Project Assistance

Arts & Culture Grants

Annual Assistance: Programs & Projects (Small Grants)

Application Form

Grants up to $5,000

Programming & Project Assistance Grants for ‘*Annual Assistance: Programs & Projects’* (also known as the***‘Small Grants’*** program) provide financial support for a wide range of creative, artistic and cultural initiatives:

* *that demonstrate clear community need*
* *that offer clearly-articulated benefits to the community*
* *that directly engage the creative participation of the community*
* *that demonstrate quality artistic, cultural or heritage practices*

In accordance with policy, funding priority is given to activities:

* *that target underserved sections of the population, or*
* *that foster the development of emerging arts and cultural practices, or*

PROGRAM FOCUS

Generally speaking, the *‘Small Grants’* program (*‘Annual Assistance: Programs & Projects’*) is intended to support eligible groups to produce or present a single program, project or series that recurs on an annual basis.

 Grants Deadlines

EARLY INTAKE: Grant Applications will be accepted from Monday September 23rd, 2019 to *Tuesday October 15th, 2019 at 4:30 pm*

 *(for activities that take place from January 1st through August 10th, 2020)*

LATE INTAKE: Grant Applications will be accepted from Monday February 10th, 2020 to *Tuesday March 3rd, 2020 at 4:30 pm*

 *(for activities that take place from July 15th through December 31st, 2020)*

A P P L I C A N T I N F O R M A T I O N

1. Applicant Organization

NAME OF ORGANIZATION

MAILING ADDRESS

CITY PROVINCE POSTAL 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 applicants must have an arts-primary mandate:*

*Eligible applicant categories are listed below:*

PLEASE CHECK ANY OR ALL THAT APPLY TO YOU:

|  |  |  |
| --- | --- | --- |
| ⬜ | A. | a non-profit organization, registered under the 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 AgencyOR, IF NONE OF A, B or C APPLY |
| ⬜ | D. | a recognized arts, cultural or heritage group with an established history in the community |
| ⬜ | E. | a recently-formed arts group or cultural collective (not yet incorporated as a non-profit society) working in an area of emerging artistic or cultural practice |
| ⬜ | F. | an arts group or collective, partnering with an eligible non-profit society for the purposes of this grant application |

4. Applicant/Society Status

*If you checked A, B or C above, please provide the following information:*

**OFFICIAL SOCIETY OR CHARITY NAME, IF DIFFERENT FROM THE NAME PROVIDED ON PAGE 1**

**society number and/or charity number**

is the society currently in good standing? YES NO

 ⭘ ⭘

IF YES, PLEASE provide PROOF OF GOOD STANDING ATTACHED

 ⭘

*If you checked D or E above, but are not registered with the province as a non-profit society, please describe your non-profit mandate:*

*If you checked E above, when do you plan or expect to apply for non-profit status?*

*If you checked F above, please identify the eligible non-profit society that you are partnering with for the purposes of this grant application:*

5. Applicant Profile

*If you are a returning client with an established grant history (i.e. five years),* ***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.*

A R T I S T I C – C U L T U R A L I M P A C T

Policy identifies four sets of criteria that speak to *‘artistic-cultural impact’*:

* *Artistic Merit (also cultural or heritage programming merit)*
* *Creativity and Innovation*
* *Uniqueness of Program*
* *Value of Intended Outcomes*

6. Program Outline

NAME OF THE PROGRAM, PROJECT OR INITIATIVE FOR WHICH FUNDING IS SOUGHT

PROPOSED DATES:

LOCATION(S)

*Provide a brief description of the program, project or initiative for which funding is sought. Describe what the activity entails.*

(200 WORDS)

7. Artists, Creative Contributors and Cultural Practitioners

*Provide a list of the key staff and other contributors (artists, composers, curators, educators, performers, etc.), whose work is central to the delivery of or will be presented as part of the project.*

*Briefly annotate the list to clarify each one’s role in the delivery of the program. Speak to their work experience and/or creative practice as it may apply.*

*Attach CVs, bios or examples of work where relevant.*

*Please indicate whether or not these key people are confirmed!*

8. Creativity & Innovation

*Please identify existing or comparable programs in the same field.*

*What is it that makes your program offering creative, innovative or new?*

(200 WORDS)

9. Goals & Outcomes

*Speak to the artistic or cultural value that your program offers.*

*What metrics do you use to assess that value?*

*Outline key goals and objectives and describe intended outcomes.*

*Identify key indicators for success!*

*Speak to any changes, improvements or new directions required to strengthen the desired outcomes.*

(250 WORDS)

9. Goals & Outcomes *(continued)*

10. Support Materials – Artistic Impact

*Please attach the following support materials* ***IF*** *available:*

|  |  |
| --- | --- |
| ⬜ | CV’s or brief descriptive bios for any of the artists, entertainers, performers or other creative talent identified in Question 7 and *expected* to be part of the project |
| ⬜ | photos\* of illustrative activities* MINIMUM OF 10, MAXIMUM OF 15
* SUBMIT AS PRINT QUALITY .JPG FILES
* INCLUDE IN ELECTRONIC SUBMISSION – DO NOT SEND PRINTED HARD COPIES

 – DO NOT EMBED IMAGES IN PDF PAGES OR SLIDESHOWS – DO NOT PROVIDE LINKS TO WEBSITES |
| ⬜ | video and/or audio files* MAXIMUM OF 5 VIDEO &/OR AUDIO FILES
* OR A LIST OF ACTIVE LINKS TO YOUTUBE, VIMEO OR OTHER WEB VIDEO SITES
 |
| ⬜ | program and program planning materials * EDUCATIONAL MATERIALS
* EVENT SCHEDULES
* INFORMATIONAL MATERIALS
* PROGRAM DESCRIPTIONS
* PROGRAM PROPOSALS
 |
| ⬜ | copies of testimonials or letters of support |

*\* PHOTOS*

*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.*

C O M M U N I T Y B E N E F I T & I M P A C T

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*

11. Attendance & Participation

TOTAL NUMBER OF PEOPLE EXPECTED TO ATTEND YOUR ACTIVITY OR PARTICIPATE IN YOUR PROGRAM

NUMBER OF PEOPLE THAT ATTENDED YOUR ACTIVITY OR PARTICIPATED IN YOUR PROGRAM IN PREVIOUS YEARS

20\_\_: 20\_\_: 20\_\_:

TOTAL HOURS OF PROGRAMMING

TOTAL HOURS OF PROGRAMMING IN PREVIOUS YEARS

20\_\_: 20\_\_: 20\_\_:

12. Target Audience/Participants

*Identify your target audience for or participants in the proposed program or project.*

**(100 words)**

13. Promotion Plan

*How do you propose to reach your target audience or participant group? Outline your plan to build audiences and to promote the program.*

**(200 words)**

13. Promotion Plan *(continued)*

14. Social Media

*Please identify the various social media platforms you use:*

**facebook:** **twitter:**

[www.facebook.com/](http://www.facebook.com/) @

**event hashtag: instagram:**

# @

**SNAPCHAT: YOU TUBE CHANNEL:**

*How do you use social media to access your target audiences. What are your social media targets in terms of hits, likes, and views.*

**(150 words)**

15. Access and Inclusion

*Are you taking steps to ensure that your program is accessible, inclusive and/or welcoming with respect to:*

adults &/or children WITH PHYSICAL DISABILITIES? YES NO

 ⭘ ⭘

ADULTS &/OR CHILDREN WITH DEVELOPMENTAL DISABILITIES? YES NO

 ⭘ ⭘

MEMBERS OF THE LGBTQ2+ COMMUNITY? YES NO

 ⭘ ⭘

(LOCAL) FIRST NATIONS &/OR URBAN INDIGINOUS PEOPLE? YES NO

 ⭘ ⭘

PEOPLE FROM ETHNIC AND CULTURAL MINORITIES? YES NO

 ⭘ ⭘

LOW-INCOME PEOPLE & FAMILIES? YES NO

 ⭘ ⭘

OTHER UNDERSERVED POPULATIONS IN THE COMMUNITY? YES NO

 ⭘ ⭘

**PLEASE SPECIFY**

*Describe* ***specific steps*** *you are taking with the identified population(s) above to identify and remove barriers impacting their participation.*

15. Access and Inclusion *(continued)*

16. Volunteers & Interns

*Do you engage volunteers &/or interns in the delivery of the proposed program, project or initiative?*

 YES NO

 ⭘ ⭘

*If you answered yes, please provide information with respect to:*

**NUMBER OF VOLUNTEERS NUMBER OF VOLUNTEER HOURS**

*How do your volunteers contribute to the success of your project?*

*What do they gain from the experience of working with you?*

*Or, if you do not engage interns or volunteers to assist in the delivery of your programming, please offer a brief rationale for not doing so.*

(125 WORDS)

17. Partnerships *(if applicable)*

*Please list and describe any partnerships involved in the creation, delivery and support of the event. What value do these partnerships bring to the program, project or event? What do they make possible?*

**(150 words)**

18. Support Materials – Marketing Collateral

*Please attach the following support materials (from previous years):*

REQUIRED ATTACHMENTS:

|  |  |
| --- | --- |
| ⬜ | sample print media ads |
| ⬜ | posters |
| ⬜ | other print materials |
| ⬜ | on-line and/or social media promotion |

IF AVAILABLE:

|  |  |
| --- | --- |
| ⬜ | a copy of any promotion or marketing plan developed for the event |
| ⬜ | radio or TV spots |
| ⬜ | sample media coverage  |

 O R G A N I Z A T I O N A L C A P A C I T Y A N D / O R N E E D

Policy identifies three sets of criteria 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*

19. Funding Request

GRANT REQUEST PROJECTED BUDGET

FOR STAFF USE ONLY

Grant Request as a
Percentage of the
Projected Program Budget

 %

IS THIS A FIRST-TIME GRANT REQUEST (FOR THIS INITIATIVE)? YES NO

 ⭘ ⭘

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

*If you have previously received a grant for the proposed program, please complete the following information for the last three years in which funding was received.*

GRANT YEAR GRANT RECEIVED REPORTED EXPENDITURES

20\_\_: $ $

20\_\_: $ $

20\_\_: $ $

NUMBER OF YEARS THE PROGRAM OR PROJECT HAS ALREADY RECEIVED GRANT SUPPORT

20. Why is Funding Needed?

*What, specifically, will the grant be used for*

**(100 words)**

21. Other Sources of Funding

*Please list other sources of community support, foundation grants, government funding or local business sponsorships that you are seeking or have secured*

22. Cost of Participation

*What is the cost of participation and/or admission?*

*How did you determine the appropriate price point? Provide comparables and speak to your pricing strategy!*

**(125 words)**

23. 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
 |

D E C L A R A T I O N & S I G N A T U R E S

*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**

**TITLE WITH ORGANIZATION**

**DATE**

*The application may be submitted with an electronic signature (if available) or with a scanned copy of the signature page ONLY. In order to maintain the functionality of this document as a fillable .pdf, do NOT submit a printed and scanned copy of the entire form.*

S U B M I S S I O N R E Q U I R E M E N T S

APPLICATION PACKAGE

Applications should consist of: a *‘Client Profile,’* an *‘Application Form’* and a *‘Budget Form’* **PLUS** support materials as requested herein. It is the responsibility of the applicant to ensure that their application is complete, that all requested materials have been submitted and that all submission requirements have been satisfied.

ELECTRONIC SUBMISSION

Electronic submissions may be provided:

* on a USB drive (memory stick) ***OR***
* on a CD-R disc

… and mailed or hand-delivered to the attention of *Arts & Culture Grants* at:

Delbrook Community Recreation Centre

851 West Queens Road,

North Vancouver, BC V7N 4E3

FILE SHARE

Submissions may also be provided via a web-based file-share platform (e.g. Dropbox)

NO FAX OR E-MAIL SUBMISSIONS

Application materials sent via fax or as email attachments will ***not*** be accepted.