

# BC Arts Council - Early Career Development: Organizations

# Application Preview

Updated: June 3, 2022

## Overview

This is a sample of the BC Arts Council Early Career Development: Organizations

This sample will be updated if the application is updated or changed in any way, with changes highlighted in yellow and marked as "new:". Check back to make sure you have the most current version.

Applications must be completed on the online system, which requires a profile to be set up.

### If you require support to access the online system or make your application - contact one of the Program Officers to discuss:

* Performing Arts: Erin Macklem – 778-698-1416 – Erin.Macklem@gov.bc.ca
* Studio Arts: Michelle Benjamin - 236-478-2582 - Michelle.Benjamin@gov.bc.ca

An asterisk (\*) indicates the field is mandatory

## Profile Details

(System Generated Content)

Application ID:

Application Type: Early Career Development

Organization:

Primary Contact:

### Registration Profile Summary

(System Generated Content)

Name:

Address:

City:

Province:

Postal Code:

Phone:

Website:

Purpose:

If the Profile Summary above is not correct, go to the applicant profile and update it before completing the application. Changes to address information must be submitted by email to: bcartscouncil@gov.bc.ca.

To access profile information: click 'Home' (top right). From your home page click 'Organization Profile' (building icon).

NEW: Update your profile with your organization's STATEMENT OF PURPOSE.

* This is required prior to submitting this application.
* For non-profits, this is a direct copy from the organization's constitution.
* Navigation: From your system Home page, select Organization Profile. Under the Additional Information tab, scroll half way down to the Purpose text field.

### **\***Organization's Statement of Purpose Verification

(check box) I confirm that the Statement of Purpose has been completed on the Organization Profile.

### **\***Date the Society Annual Report was LAST filed with the Registrar of Companies (not-for-profit organizations only; ensure the correct year is displayed below)

(Year-Month-Day)

## Applicant Details

Use short sentences or point form to answer questions. Word counts indicate the maximum accepted words per question.

An asterisk (\*) indicates the field is mandatory

### \*What is the applicant's PRIMARY field of practice?

Please Select:

* Community Based Arts Practice
* Dance
* Deaf, Disability and Mad Arts
* Indigenous Cultural Centres
* Literary
* Media Arts
* Theatre
* Museums
* Music
* Visual Arts
* Interdisciplinary/Multidisciplinary
* Other

#### \*If other, describe: (text input)

### Is the applicant organization's PRIMARY PURPOSE (as defined by the organization’s constitution) to support artistic work by one or more of the BC Arts Council's [designated priority groups](https://www.bcartscouncil.ca/priorities/priority-groups/)? Check any that apply.

Check Boxes:

* Indigenous (First Nations, Métis, and/or Inuit)
* Deaf, or experience disability
* Black or persons/people of colour
* Located outside greater Vancouver or the capital region

#### Briefly provide context to your selection(s) above.

(250 words total available)

### Check this box to confirm the applicant adheres to the Criminal Record Review Act which requires that people who work with or may have unsupervised access to children or vulnerable adults must undergo a criminal record check by the Criminal Records Review Program.

Single Check Box

### **\***Describe your organization's history, mandate, mission and core values.

400 words total available

### \*Outline the role of leadership, including management and/or the board in fostering a healthy, sustainable and respectful workplace. Briefly describe the organizational and/or human resource practices related to equitable employment, cultural competency, and cultural safety.

200 words total available

### **\***Provide an overview of the organization’s expertise and human resource capacity to manage the position(s).

500 words total available

### **\***Enter the ACTUAL total operating expenses from the most recently COMPLETED fiscal year.

Numeric Entry

### **\***Enter the PROJECTED total operating expenses from the CURRENT fiscal year.

Numeric Entry

### **\***Intern/Cohort Residence

Residents of British Columbia have lived in British Columbia for at least twelve months immediately prior to application, and ordinarily live in B.C. Intern/Cohort members who have resided outside the province within the last twelve months must be able to demonstrate that their absence was temporary (for example, for educational opportunities) in order to be eligible for support. B.C. residents should have a B.C. Personal Health Number and/or a B.C. driver’s licence/ID, and should have filed an income tax return for the most recent calendar year to Canada Revenue Agency as a British Columbia resident.

* (Check Box) The Intern/Cohort members are residents of British Columbia and will provide proof of residency if requested.

## Project Information

### \* What component are you applying to?

Answers to this question may change application content.

* Component 1: Internship
* Component 2: Cohort

### \*Amount Requested

(Input numeric value with no decimal places)

### \*Project Start Date

year-month-day

### \*Project End Date

year-month-day

### \*Duration in Weeks

numbers only (minimum of eight weeks and a maximum of 52 weeks)

### \*Location of Project (Name of Community)

100 characters maximum available.

### If the Early Career Practitioner does not normally reside in the community in which the project takes place, provide usual community of residence (for cohort provide name and community).

(text entry)

### \*Describe your project briefly by completing this sentence: Funding is requested to assist with...

25 words total available

### **\***Describe the organization’s recent and current artistic programming and upcoming activities relevant to the proposed position.

500 words total available

## Early Career Practitioner Information

An Asterix (\*) indicates the field is mandatory.

### \* Early Career Practitioner's name (for cohorts list one name per line)

(text field)

### \*Basic Training information

Table Format:

Click on the "+" button to enter the name(s) and details for each Early Career Practitioner.

The table has the following five columns to complete for each entry.

1. Name (Text Field)
2. Most recent relevant basic training: (select one)

* Apprenticeship
* Certificate
* Diploma
* Undergraduate Degree
* Graduate Degree
* Mentorship
* Traditional Knowledge Transfer
* Other

1. Focus of training or name of program (Text field)
2. Name of institution, traditional knowledge keeper / mentor, etc. (text field)
3. Month and year completed (text field)

(+ Button)

### \*Summary of other relevant training. For cohorts, enter each practitioner's name followed by their other relevant training. Use point form. Include dates, level, area of study, etc. Maximum 100 words per practitioner

Click on the "+" button to enter the name(s) and details for each Early Career Practitioner.

(+ Button)

### \*Describe up to three recent career and/or training highlights indicating relevance to the proposed project. Examples include significant projects, awards, exceptional opportunities, etc. For cohorts, enter each practitioner's name followed by their highlights. Maximum 250 words per practitioner.

Click on the "+" button to enter the name(s) and details for each Early Career Practitioner.

(+ Button)

### \* Upload a biographical statement from each Early Career Practitioner addressing the points below.You can submit the statement in one of two formats (but not both).

* their artistic and/or professional practice and career goals;
* the relevance and timeliness of the proposed activities;
* the potential impact on their career development and goals, and how that impact will be measured;
* the impact on their own identified communities and the professional arts community in B.C.;
* the level of artistic risk and challenge as they relate to the Early Career Practitioner's career development.

#### Button: Biographical statement(s) option 1: Click here to upload as PDF (max 2 pages)

For audio or audiovisual option, file(s) must be no longer than 5 minutes, not exceed 2 GB and must use one of these supported file extensions: AUDIO: .flac, .mid, .midi, .mp3, .ogg, .ra, .rm, wma, .wav VIDEO: .asf, .avi, .flv, .mkv, .mov, .mpeg, .mpg, .mp2, .mp4, m4v, .ogv, .rm, .rmvb, .webm, .wmv

#### Button: Biographical statement(s) option 2: Click here to upload as audio or audiovisual

## Project Description

An Asterix (\*) indicates the field is mandatory.

The next two questions refer to the proposed project. Ensure answers respond to the assessment criteria in the program guidelines.

### \* Rationale for selection of intern/cohort members

100 words total available

### **\***Qualifications and skills required

100 words total available

### **\***Learning objectives and the potential impact of the proposed project on the individual(s) filling the position.

200 words total available

### **\***Anticipated impact on the organization, especially in relation to the organization’s mandate

100 words total available

### **\***Job Title

100 words total available

### **\***Total Number of Hours Per Week

Numbers only

(Numeric entry field)

### **\***Hourly Wage

Numbers only

(Numeric entry field)

### **\***Provide a statement to contextualize the proposed rate of pay in relation to comparable pay levels within the organization, hours worked, and the living wage in your area and sector.

100 words total available

### **\***Upload a detailed work plan including a schedule or timeline appropriate to the learning opportunities and projected outcomes. Describe the activities the early career practitioner(s) will be engaged in, with whom, and when. (maximum: 1 file, 2 pages, PDF)

(upload button)

### **\***Name of mentor within applicant organization

(text field)

### **\***Title of mentor within applicant organization

(text field)

## Alignment with Strategic Directions

An Asterix (\*) indicates the field is mandatory.

### Does this project demonstrate alignment with and commitment to some or all of these BC Arts Council strategic directions: Indigenous Arts and Culture; Equity, Diversity, and Access; Regional Arts? If yes, please explain.

(text field)

### If your project involves working with individuals or materials from communities outside your own, particularly those that have been historically underserved, describe the steps taken to collaborate with these communities, respect protocols and integrate an equitable and ethical approach in your work.

(250 words total available)

### \*Provide plans to address accessibility, equity, and safety, including but not limited to physical spaces, cultural and emotional safety, affordability, and adaptations to involve diverse participants.

(text field)

### **\***Briefly describe two past achievements that supports the likelihood of success of the proposed project.

100 words total available

## Budget

### Button: Project Budget Form

(Budget Form Pop-Out Window)

All applicants must complete the budget form. Provide detailed notes throughout.

* See program guidelines for a list of ineligible expenses. Ineligible expenses can be included in the budget but must be covered by non-BCAC revenues and identified in notes.
* All in-kind revenue contributions must include a corresponding in-kind expense. NEW: a section for In-Kind Expenses follows Administrative Expenses within the project budget form.
* Projected revenues must equal projected expenses.
* Update program staff if the status of pending funding changes.
* Individuals who self-identify as being Deaf or having a disability are invited to apply separately for artist-related access support costs on the Access Support tab. Do not include these expenses and revenues in the budget below.
* Provide specifics in Notes section.
* Dollar values must be in numeric format only with no special characters, e.g. $ , £, etc.

### Expenses

The following categories in the budget have two input fields each: numeric inputs for Project Forecast amounts, and text inputs for Notes: Provide details for all relevant revenues and expenses.

#### In-Kind Expenses

* In-kind Expenses (specify)
* In-kind Expenses (specify)
* In-kind Expenses (specify)

Total In-Kind Expenses (This total must equal In-kind Revenue) (Auto-added total)

#### Project Expenses

* Intern Salary (Component 1 only)
* Cohort Compensation (Component 2 only)
* Mandatory Employment Related Costs and Related Benefits (Component 1 and 2 only)
* Fees Paid to Mentors and Other Professional Fees
* Eligible Travel Expenses
* Elders and Honouraria
* Materials and Supplies
* Production/Exhibition/Program/Rehearsal Space and Venue Rentals
* Other Project Expenses

Total Project Expenses (Auto-added total)

Total Expenses (Auto-added total)

### Revenue

The following categories in the budget (Earned and Contributed Revenues, Private Sector Revenues and Public Sector Revenues) have three input fields each expense line:

1. numeric inputs for Project Forecast amounts
2. drop down select menus for Status that include:
   1. Confirmed
   2. Pending
3. text inputs for Notes: Provide details for all relevant revenue and expenses

#### *In-kind Revenues*

* In-kind Revenues (Specify)
* In-kind Revenues (Specify)
* In-kind Revenues (Specify)

Total In-kind Revenues (This amount must equal in-kind expenses) (auto-added total)

#### Earned, Contributed and Private Sector Revenues

* Applicant cash contribution
* Foundations
* Other Private Sector

Total Earned, Contributed and Private Sector Revenues (Auto-added total)

#### Public Sector Revenues

* BC Arts Council: This request
* Government of BC: Community Gaming Grants
* Government of BC: Other
* Canada Council: Project
* Government of Canada: Dept. of Canadian Heritage
* Other Federal
* Local Government (incl. Municipal and Regional Governments, Trusts, Band Councils, Regional Districts)
* Employment Programs
* Public Post-Secondary Institutions
* Other Public Sector

Total Public Sector Revenues (Auto-added total)

### Summary

* Total Revenues (Auto-added total)
* Total Expenses (Auto-added total)
* Surplus/(Deficit) - Enter notes if not balanced (Input notes)

Button: Save

Button: Close

## Support Material

### Upload PDF letters from up to two partners or collaborators, if applicable, confirming the nature of their participation (maximum two letters, one page each). Do not include general letters of support.

(Upload Button)

### **\***A one-page (PDF) biographical statement from the designated mentor within the organization indicating their relevant experience and qualifications and outlining their commitment to working with the intern/cohort for the duration of the project.

(Upload Button)

## Access Support

An asterisk (\*) indicates the field is mandatory

The [Access Support](https://www.bcartscouncil.ca/program/access-support/) program provides an additional contribution towards costs for specific accessibility services, rental equipment and other supports required to carry out a project funded by the BC Arts Council. Access Support requests are available to:

* Individual artists or arts and culture practitioners who self-identify as Deaf or have a disability. OR
* Collectives led by individual artists or arts and culture practitioners who self-identify as Deaf or have a disability. OR
* Organizations with a primary purpose to support practitioners who are Deaf or have a disability, as specified in the organization’s constitution.

### \* Does your organization have a primary purpose, as specified in your constitution, to support practitioners who are Deaf or have a disability?

* Yes
* No

### **\***Will you be applying for Access Support?

* Yes, with my project application (option 1)
* Yes, after I receive my project funding results (option 2)
* No

### Access Support Application

#### \* Type of Access

(check boxes – select any that apply)

* Sign Language Interpretation
* Captioning/CART
* Trabscriber/Editor
* Visual describer/Assistant
* Project Coordinator/Assistant
* Support Worker
* Accessibility Software or App Subscription
* Rental Equipment
* Travel for Service Providers
* Other

#### If “other” please specify

100 words total available.

#### **\***Access Support Detailed Costs – Table format

Below, provide a breakdown of Access Support costs for barriers encountered, services, supports and/or solutions.

Table Fields:

* **Description:** Include specifics on the barriers (for instance communication, mobility, comprehension, physical, technological, visual, etc.), individuals requiring supports, and solutions provided.
* **Cost Breakdown:** Include numbers of staffing positions, providers (when known), rates, numbers of days or hours to clarify how you came to your total number.
* **Total:** Whole numbers only

Use the '+' to add additional lines. Your total should match the amount requested in the field below.

**Button:** Plus symbol to add lines

#### **\***Total Request (enter total from table above):

Enter numeric value

#### Have you or will you apply for the same Access Supports from the Canada Council for the Arts or other funders?

* Yes
* No

#### Access Support Revenues – Table Format

Enter any Access Support funding from other sources, if applicable. Describe the supports or solutions being provided by the Access Support revenues from other sources

Table fields:

* Source
* Description
* Amount

**Button:** Plus symbol to add lines

#### Anything else we should know?

150 words total available

## Feedback

We are always looking for ways to improve how we communicate with the arts and culture sector in B.C. This section is optional, and is not part of the application process, but your answers will help us improve the services we provide.

### How did you learn about the intake for this program?

Please Select:

* BC Arts Council Website
* BC Arts Council Social Media
* Direct email from BC Arts Council
* Workshop or Presentation featuring BC Arts Council Staff
* BC Arts Council Program Officer
* Another agency, including newsletter or social media
* Word of mouth, including past applicants
* Traditional media including newspapers or radio

If applicable, the agency (see question above):

### In the future, how would you like to be informed about our programs?

Please Select:

* Direct Email, featuring a summary of upcoming arts council programs
* BC Arts Council social media
* BC Arts Council website
* Through communications from other agencies (for example, through professional associations, arts service organizations or collectives)

### Is this your first application to BCAC?

Please Select

* Yes
* No

### Have you ever received BCAC funding?

Please Select

* Yes
* No

### How long did this application take you to complete (hours)?

(insert numeric value)

## Declaration

### Declaration and Consent

In submitting this application, I declare that, to the best of my knowledge and belief:

* the applicant organization meets all of the eligibility criteria for this program;
* the information provided in this application is complete and true in every respect;
* the applicant organization abides by all applicable laws;
* this application has been approved by the board of directors or other governing body for the applicant organization;
* the applicant organization is committed to providing safe and respectful working conditions and to fostering a workplace free from discrimination, harassment, and sexual misconduct; and
* any personal information submitted with this application has been submitted with the authorization of the individual(s) concerned and such individual(s), and I, consent (effective as of the date of submission of this application) to the disclosure of this personal information outside of Canada, including by way of the Internet, for public reporting and promotional purposes relating to this program.

### Personal Information

The personal information on this application is collected in accordance with Section 26(c) and (e) of the Freedom of Information and Protection of Privacy Act and will be used for the following purposes: determining suitability for and awarding of funding, tracking and distributing funding, program development and evaluation, and communication and outreach.

Personal information collected through the application process may be disclosed to external peer assessors in order to adjudicate this application.

In addition, the applicant organization’s name, location, funded activity and award amount may be made publicly available, including worldwide by way of the Internet, should funding be awarded.

If you have questions about the collection, use or disclosure of personal information, please contact:

Director, BC Arts Council Programs

800 Johnson Street, Victoria, BC, V8W 9W3 Phone: (250) 356-1718

### \*Acknowledgement

Check Box:

* I understand and agree to the terms and conditions stated above.