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# BC Arts Council Early Career Development Application Preview Individual: Residency

Updated: June 3, 2022

## Overview

This is a sample of the BC Arts Council Early Career Development Application for Individuals for Residency activities.

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 Advisors 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

## Profile Details

(System Generated Content)

Application ID:

Application Type:

Organization: Individual

Primary Contact:

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

Name:

City:

Province:

Pronouns:

If your profile information is not current, go to your profile and update it before completing the application.

## Applicant Details

### An Asterix (\*) 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:

### \* Criminal Records Review Act

(Check Box) \*Check this box to confirm the applicant adheres to the Criminal Records 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.

### \* I am applying on behalf of: (select one)

* Myself
* A collaboration

## Project Information

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

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

Answers to this question may change application content.

* Component 3: Residency
* Component 4: Mentorship

### \*Amount Requested: (numeric amount)

\*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)

(Numeric Field)

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

100 characters maximum available.

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

(25 words total)

## 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)

### **\*** Below, upload a biographical statement for each Early Career Practitioner describing the following. 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 for Component 3 - Residency

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.

### **\***Name of organization hosting the residency (text field)

### **\***Host organization’s website (text field)

### **\***Details of the residency addressing the following:

* The organization hosting the residency (location, mandate, artists and communities served, etc.)
* Name of the residency program (if part of the organization’s existing programs)

500 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)

## 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)

## Designated Priority Groups

Consideration will be given to [designated priority groups](https://www.bcartscouncil.ca/priorities/priority-groups/). These groups have been identified in order to achieve strategic direction commitments and correct funding gaps illuminated through recent evaluations and consultations. This section is optional and will be made available to BC Arts Council staff only during the assessment process. It will disappear from applicant view until the assessment process is complete.

### OPTIONAL: Are you an artist/cultural practitioner who identifies as any of the following? Check all 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

#### **Definitions:**

* **Capital Region is defined as** municipalities of the [Capital Regional District](https://www.crd.bc.ca/about/what-is-crd/about-the-region) excluding Sooke, Metchosin, the Gulf Islands, or the Juan de Fuca electoral area.
* **Greater Vancouver is defined as** municipalities of [Metro Vancouver Regional District](http://www.metrovancouver.org/about/Pages/default.aspx) excluding Bowen Island.

## Budget

Button: Expense Summary

(Expense Form Pop-Out Window)

All applicants must complete this expense summary.

Maximum request is $30,000. Only include expenses for which you are requesting support.

It is not necessary to complete each line. You can leave an expense field blank as appropriate.

Provide notes for each included expense.

Dollar values should be entered in numeric format only - no special characters, e.g., $, etc.

Table format: the table has the following columns to complete:

* Project Forecast
* Notes

### Expenses:

* **Subsistence** (maximum $500 per week, prorated for part-time activities) - (insert amount) – Notes (insert any notes)
* **Travel and related expenses** (e.g., accommodation, meals) - (insert amount) – Notes (insert any notes)
* **Supplies** (e.g., consumable supplies, equipment rental, reference material, etc.) - (insert amount) – Notes (insert any notes)
* **Fees** (e.g., for mentors, instructors and advisors or tuition, registration, residency) - (insert amount) - Notes(insert any notes)
* **Production/Exhibition/Program/Rehearsal Space and Venue rental - (insert amount) – Noes (insert any notes)**

Total Expenses: (Auto-added total)

This total must match the total request on the Project Information section

## Support Material for Component 3 - Residency

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

### **\***Provide two signed letters of reference (PDF) from established professionals in the applicant’s discipline, commenting on the residency/mentorship’s value and potential impact on the applicant’s professional and career development. Letters should be from people who are familiar with the applicant’s training, practice, and long-term career aspirations. Letters must include the applicant’s name and refer to the Early Career Development program. For applications from collaborations, provide two letters for each member of the collaboration (PDF files only).

(upload button)

### **\***Upload a letter or other document of confirmation from the host organization, including a short description of the opportunities, resources, and supports the residency will offer the applicant (PDF files only).

(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.

### \* Are you eligible for access support (as an Individual artist or arts and culture practitioner who self-identifies as Deaf or having 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
* Transcriber/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

### Did you attend an Information Session prior to completing your application?

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

The applicant is responsible for the application content. When application assistance has been provided, the applicant must review application content, complete the acknowledgement of declaration content (check box), and submit the application (press the submit button).

### Declaration and Consent

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

* I/we meet all of the eligibility criteria for this program;
* the information provided in this application is complete and true in every respect;
* I/we abide by all applicable laws;
* I am/we are 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. If successful, an individual recipient’s Social Insurance Number may be disclosed to the Canada Revenue Agency through the issuance of T4As.

In addition, the applicant’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.