

# BC Arts Council Early Career Development: Individuals (Residency) Application Preview

Updated: May 31, 2023

## Overview

This is a preview, or sample, of the BC Arts Council Early Career Development Application for Individuals applying for a Mentorship project.

If the application is updated or changed in any way, this preview will be updated 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 you to set up a profile.

As a preview of the application, this sample does not contain all application content scenarios.

Applications submitted in a Word document via email will not be accepted.

If you are Deaf or have a disability and require support to access the online system or make your application – contact the BC Arts Council Accessibility Coordinator to discuss:

* Nicola Dunne – Nicola.Dunne@gov.bc.ca – 778-405-4007

### If you have questions about the program or application, contact the Program Advisors:

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

The most recent program guidelines are posted on the relevant program page on the
[BC Arts Council website](https://www.bcartscouncil.ca/program/application-assistance/).

Please ensure that you meet all of the eligibility criteria for this program and confirm that your Individual Profile is up to date before submitting this application.

Your application will automatically save in the online Grant Management System every
5 minutes. We encourage you to continue to click SAVE DRAFT regularly to ensure that current content is safe.

Applications may only be edited by one user in one browser tab at a time. If the application is opened in another browser tab or another browser or by another user at the same time, those additional application views will be 'read only'.

## Profile Details

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

Information on this tab is connected to your applicant profile and includes basic details related to applicant eligibility across BC Arts Council programs. Your applicant profile can be updated at anytime but should be reviewed for changes prior to submitting this application.

**Registration Profile Summary**

(System Generated Content)

Name:

Municipality:

Province:

Pronouns:

**If the Profile Summary above is not correct:** go to your Personal Profile and update it before completing the application.

**To access your Personal Profile**: click 'Home' (top right). From your home page click 'Personal Profile’ (crowd icon). Changes to address information must be submitted by email to: [BCArtsCouncil@gov.bc.ca](file:///%5C%5CSFP.idir.bcgov%5CS173%5CS7305%5CBCAC%5C%40ops%5C80000%20-%20PROGRAM%20GUIDELINES%5C25%20-%20GUIDELINE%20DEVELOPMENT%5CFY2023-24%5CFY2023-24%20-%20ECD%5C2023-34%20-%20ECD%20-%20Application%20Review%5CBCArtsCouncil%40gov.bc.ca).

(check box)

\*I have reviewed my Personal Profile and made all updates.

### Designated Priority Groups

The BC Arts Council administers supports for [designated priority groups](https://www.bcartscouncil.ca/priorities/priority-groups/).

The BC Arts Council's designated priority groups include applicants and arts and cultural practitioners who are:

• Indigenous (First Nations, Métis, and/or Inuit) Peoples;

• Deaf or experience disability;

• Black or people of colour;

• Based in regional areas (outside greater Vancouver or the capital region).

Complete the Designated Priority Groups section in your Personal Profile prior to submitting the application.

Once you have completed this section, the information will remain in your Personal Profile. You will not need to provide the information again unless there are changes.

All applicants are also encouraged to complete the Voluntary Self-ID information for statistical and research purposes.

**NEW: Updated information is requested from all applicants. On your profile, click the Designated Priority Groups tab and look for the headline labelled ‘NEW' to submit this additional information.**

(check box) I have reviewed the Designated Priority Groups and Voluntary Self-ID sections on the Personal Profile

## Applicant Details

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

Information on this tab provides an overview of the applicant’s general operations and activities. Answers to the following questions should provide the bigger picture of the history, policies, and activities that inform the proposed project.

Ensure you review Program Guidelines available on the [Grant Programs page](https://www.bcartscouncil.ca/program/early-career-development/) prior to completing this section.

Consider the following when completing your application:

* Assessors may not be familiar with your work, specific practice/s, community/ies, or culture/s. Provide the information they need to understand your project.
* Specific identity factors noted on your system profile are not provided to assessors.
If identity factors are an important consideration/context of your artistic practice, please consider referencing them within your application responses.
* Use of short, clear sentences or point form is encouraged, but should still provide answers fully responding to each question.
* Avoid specialized terms, academic language, or expressions that may be difficult to understand.
If specialized terms must be included, include a brief definition or description of their meaning.
* Word counts indicate the maximum accepted words per question. You are not required to write to the word limit.

#### \* 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 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.

#### \* I am applying on behalf of

Answers to this question may change application content.

Please Select:

* Myself
* A collaboration

#### \* British Columbia Resident Acknowledgement

For information on B.C. Residency requirements, please see [www.bcartscouncil.ca/determining-b-c-residency](http://www.bcartscouncil.ca/determining-b-c-residency)

(check box)

#### \* I am a Resident of B.C. and I have lived in B.C. for at least one year immediately prior to this application

(check box)

#### \* If requested, I can produce proof of residency including one or more of the following: a valid BC ID card, BC Driver's license, or BC Services Card

#### \*Resident of B.C. since

(Year-Month-Day)

## Project Information

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

Information on this tab provides details about the project for which you are seeking funding. Answers to the following questions should make it clear what the project is, who is involved in the project, who benefits from the project, and how the project will happen.

Ensure you review Program Guidelines available on the [Grant Programs page](https://www.bcartscouncil.ca/program/early-career-development/) prior to completing this section.

Consider the following when completing your application:

* Assessors may not be familiar with your work, specific practice/s, community/ies, or culture/s.
Provide the information they need to understand your project.
* Use of short, clear sentences or point form is encouraged, but should still provide answers fully responding to each question.
* Avoid specialized terms, academic language, or expressions that may be difficult to understand.
If specialized terms must be included, include a brief definition or description of their meaning.
* Word counts indicate the maximum accepted words per question. You are not required to write to the word limit.

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

Answers to this question may change application content.

Please Select:

* Component 3: Residency

Maximum request is $30,000.

The amount entered in the Amount Requested field must match the request amount in the project budget form.

#### \* Amount Requested:

(numeric field)

Note that the project cannot start before the intake closing date for this program.

#### \* Project Start Date:

(Year-Month-Day)

#### \* Project End Date

(Year-Month-Day)

#### \* Describe your project in 1-2 brief sentences, including title if applicable/determined.

Note: This description may be used to describe your project publicly.

(30 words maximum)

#### \* 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)

### Impact on the Early Career Practitioner

The answers to these questions should respond to the Impact on the Early Career Practitioner section of the assessment criteria in the program guidelines.

#### \* 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/collaborations, 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/collaborations, 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)

As part of our commitment to accessibility, the BC Arts Council is now accepting parts of applications in audio and ASL formats. There are two options for submitting responses to the following two questions. Select only one option for your response.

Option 1: Upload a PFD of written response. OR

Option 2: Upload a verbal or sign language response.

Your submission must only record your verbal answer to the specific question.

Do not add any additional sound, design or production features.

ASL or Sign Language Submissions may be uploaded as video content. Please ensure
you have captioned or translated the Sign Language into spoken or written English.
For support doing this, please enquire about [Application Assistance](https://www.bcartscouncil.ca/program/application-assistance/).

Your verbal/signed answer must be no longer than 6 minutes total.

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

* Briefly describe your current practice.
* What are your artistic, learning, and/or career development goals, as they relate to this application? Be specific and provide examples.
* How will this opportunity have an impact on your artistic and/or professional practice? What will you learn? Be specific.
* How will that impact be measured? How will you know you have achieved your learning goals?
* How will this project have an impact on the potential for future opportunities and your long-term career trajectory?
* Why is this the right time for you to engage in this activity?
* What artistic, cultural, geographic, or other communities do you engage with, and how will this project have an impact on these communities?

**Option 1: Use upload button below for written answers.**

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

**Option 2: Using the button below, provide only one uploaded file answering the two questions above. See below for audio or audiovisual options.**

The content of the response will be considered against the assessment criteria within the program guidelines and not on format, design, or production quality of the uploaded file. Click button to view maximum file size and permitted file extensions.

File(s) must be no longer than 6 minutes, not exceed 50MB 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 verbal or Sign language response

#### \* Name of organization hosting the residency

(text field)

#### \* Name of the residency program

(text field)

#### \* Location of residency

(text field)

#### \*Host organization’s website

(text field)

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

* Mandate of the organization hosting the residency
* Artists and communities served
* Structure and format of the residency
* Names of mentors or instructors and details of the learning, skill-sharing, and knowledge transfer opportunities
* Rationale for selection of the residency

(400 words maximum)

### Impact on the Community and Arts Sector

The answers to these questions should respond to the Impact on the Community and the
Arts Sector section of the assessment criteria in the program guidelines.

#### \* How might this project contribute to the art form or practice, including reclamation, preservation or innovation?

(150 words maximum)

#### \* How will this activity have an impact on your community or communities? This could mean any or all of your artistic, cultural, geographic, or other communities. Consider both immediate and long-term impacts.

(100 words maximum)

#### \* Does this project address an identified need in the sector?

Please Select:

* Yes
* No

##### \* If Yes: Describe the need and how the project will address it?

(100 words maximum)

#### \* Is your work influenced by, or does it involve or reflect cultures or communities outside of your own?

Please Select:

* Yes
* No

##### \* If yes: Describe steps taken to respectfully reflect and collaborate with these communities and integrate an equitable and ethical approach in your work.

(150 words maximum)

\* Does your project engage with First Nations, Metis, or Inuit Peoples, communities, or content?

Please select:

* Yes
* No

##### \* If yes: Provide context to your relationship and describe plans to ensure a respectful, ethical, and culturally safe engagement.

(150 words maximum)

#### Describe any accessibility challenges your project may present and how you plan to address them. Consider physical spaces, affordability, and support for those who experience barriers or disability.

(150 words maximum)

### Feasibility

The answers to these questions should respond to the Feasibility section of the assessment criteria in the program guidelines.

#### \* 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)

#### \* Will artists, arts and cultural practitioners, and crew/technicians involved with this project be paid in alignment with industry standards within the field of practice (e.g., CARFAC, CAEA, CFM, CADA, IMAA etc. when considering artist/crew fees)?

Please Select:

* Yes
* No
* Not applicable

##### If yes: Explain how fair compensation will be determined within the project and/or community context:

(200 words maximum)

#### \* Will Elders and/or Traditional Knowledge Keepers involved with this project be compensated fairly according to community context?

Please Select:

* Yes
* No
* Not applicable

##### If yes: Explain how the compensation level was determined:

(100 words maximum)

#### \* Does your project present any risk to physical safety for yourself or for those with whom you are planning to engage?

Please Select:

* Yes
* No

##### \* If yes: How do you plan to ensure safety, or what qualifications do you, your mentors, and/or hosts have to ensure safety standards are maintained?

(150 words maximum)

#### \* Does your project involve emotionally sensitive or traumatic material?

Please Select:

* Yes
* No

##### \* If yes: What supports are in place to ensure emotional and mental well-being during your activities?

(150 words maximum)

#### \* Describe measures you have in place to ensure a culturally safe environment for all participants.

(150 words maximum)

## Budget

Button: click here to enter or view 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.
* Subsistence maximum is $500 per week, prorate for part-time activities.

Table Format: Expenses Category (listed below), Project Forecast (numeric field), Notes (text field)

### Expenses:

* Subsistence (maximum $500 per week, prorated for part-time activities)
* Travel and related expenses (e.g., accommodation, meals) for eligible activities outside of your region. Travel expenses may be for yourself or for a mentor/advisor. The maximum meal per diem is $65 per day. Expense details must be provided in the Notes section.
* Supplies (e.g., consumable supplies, equipment rental, reference material, etc.)
* Eligible Fees or Honouraria (e.g., for mentors, instructors and advisors or tuition, registration, residency)
* Production/Exhibition/Program/Rehearsal Space and Venue Rental

Total Expenses: (Auto-added total)

This total must match the total request on the **Project Information** tab

## Support Material

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 and a confirmation of fees and expenses (PDF files only).

(upload button)

### \* Resumé or CV for the mentor (PDF)

(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)?

Please Select:

* Yes
* No

### \* If Yes: Will you be applying for Access Support?

Please Select:

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

### If Yes, Option 1 selected: 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 maximum.

#### \* 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):

(numeric field)

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

Please Select:

* 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 maximum

## 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)?

(numeric field)

## Declaration

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

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.