# Emerging Organizations Grant | FY25

### Application for groups that currently have a fiscal sponsor. Use this form to draft your application. When you are ready, [submit your application here.](https://artswagto.submittable.com/submit/dca1a43f-8ccc-45e1-90cb-542bcbea1a04/emerging-organizations-grant-fy25)

## Eligibility Form

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**Select your organization's legal status.\***

501(c)(3) Nonprofit Organization

Fiscally Sponsored

Unincorporated (no legal status and not fiscally sponsored)

Nonprofit business without 501(c)(3) status

For-profit business

I am an individual

None of the above

*To be eligible for ArtsWA grants, your organization must be a nonprofit with 501(c)(3) status or fiscally sponsored by a 501(c)(3).*

*You may apply if you are unincorporated, but you must gain fiscal sponsorship with a 501(c)(3) nonprofit organization (that has arts, heritage, or culture in their mission statement) by July 1, 2023.* [*Learn about fiscal sponsorship here.*](https://learning.candid.org/resources/knowledge-base/fiscal-sponsorship/)

**Fiscal Sponsor EIN\***

*XX-XXXXXXX*

**Does your fiscal sponsor include art, heritage, and/or culture in their published mission statement?\***

Yes

No

**Is art a primary part of your organization's published mission and programming?\***

Yes

No

**Is your annual operating budget under $350,000?\***

Yes

No

**Do you have under 4 of programming history?\***

Yes

No

*If you aren't sure, reach out to us so we can discuss your eligibility before you apply.*

**Has your group produced at least one project or program?\***

Yes

No

**Is your group located in Washington State?\***

Yes

No

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## ****Pre-Application: Organization Information****

**Organization Legal Name\***

Enter your organization's legal name as shown on your IRS Letter of Determination.

If you are a fiscally sponsored or unincorporatedgroup, just enter your group name.

**What is your organization's legal status?\***

501(c)(3) Nonprofit

Fiscally Sponsored Group

Unincorporated

Your answer will determine some of the questions that appear for you in rest of this application.

If you are seeking fiscal sponsorship with Shunpike in this application, select "Unincorporated."

**Are you seeking fiscal sponsorship with Shunpike?\***

Yes, please start the process for me with Shunpike

No, but we will find our own fiscal sponsor

Groups that don't have 501c3 status must use an arts/culture/heritage organization with 501c3 status as their fiscal sponsor. By selecting option (a) we can start the process for you to gain fiscal sponsorship through Shunpike. Shunpike-specific questions will now appear in Section 4 below.

If you are awarded funding and you do *not* choose to seek fiscal sponsorship with Shunpike in this application, you will need to gain fiscal sponsorship by July 1, 2024, in order for funds to be distributed. The fiscal sponsor must be a 501(c)(3) non-profit organization with arts, heritage, or culture in their mission statement.

**Organization Website\***

**Organization Phone Number\***

**Organization Physical Address\***

*If your group does not have a physical address, enter the location where most of your programs take place. You will have an option to enter your mailing address later.*

**Is your organization's mailing address the same as your organization's physical address?\***

Yes, our mailing address is the same as our physical address.

No, our mailing address is different than our physical address.

## ****Grant Contact Information****

Enter the contact information of the person who will manage your grant contract if your application is successful.

**Grant Contact Name\***

**Grant Contact Title\***

*For example: Director, Grantwriter, etc.*

**Grant Contact Phone\***

**Grant Contact Email\***

## ****Fiscal Sponsor Information****

**Your Fiscal Sponsor's Legal Name\***

*Enter your fiscal sponsor's legal name as shown on their IRS Letter of Determination.*

**Your Fiscal Sponsor's Published Mission\***

*Enter your fiscal sponsor's organizational mission statement.*

*If you are applying for General Operating Support, your fiscal sponsor's mission should include arts, creativity, and/or culture.*

**Your Fiscal Sponsor's Employer Identification Number (EIN)\***

*XX-XXXXXXX*

**Your Fiscal Sponsor's Mailing Address\***

**Fiscal Sponsor Authorizing Official\***

*This would be the person with the authority to sign your contract if your application is successful. This is usually the Executive Director of your fiscal sponsor organization.*

**Fiscal Sponsor Authorizing Official Title\***

*For example: Executive Director, CFO, etc*

**Fiscal Sponsor Authorizing Official Email\***

**Fiscal Sponsor Authorizing Official Phone\***

**Will you have someone working with you at your fiscal sponsor, separate from the authorizing official, who will be managing your grant contract if your application is successful?\***

Yes, we have someone different than the authorizing official who will be helping us manage our grant contract.

No, the authorizing official will be working with us directly to manage our grant contract if our application is successful.

I'm not sure.

**Your Fiscal Sponsor's Unique Entity Identifier (UEI - SAM)\***

Limit: 12 characters

Please enter 12 characters without dashes.

UEI Example: 1A3Z567E9123

**Does your fiscal sponsor have a Statewide Vendor (SWV) number?\***

Yes

No

I don't know

Check if your fiscal sponsor has a SWV number here: [Statewide vendor number lookup | Office of Financial Management (wa.gov)](https://ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services/statewide-vendor-number-lookup?name=&addrLineOne=&city=&state=&zip=)

**Fiscal Sponsor Statewide Vendor (SWV) Number\***

Format should be: 0000000-00

## ****Conflict of Interest****

List any individuals involved with your organization that have an affiliation with ArtsWA. Affiliations do not preclude applications from consideration.

**Does your organization have any conflicts of interest with ArtsWA?\***

Yes

No

### ****ADA Compliance****

The Washington State Arts Commission (ArtsWA) supports universal access to the arts and abides by state and federal laws that prohibit public support to organizations (people or entities) that discriminate against people with disabilities. Therefore, each grantee is required to assure that they are in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA).

* **Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990**states that no otherwise qualified person shall, solely by reason of their handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in federally assisted programs. Compliance with this Act includes the following: notifying employees and beneficiaries of the organization that it does not discriminate on the basis of handicap and operation of programs and activities which, when viewed in their entirety, are accessible to persons with disabilities. Compliance also includes maintenance of an evaluation plan developed with the assistance of persons with disabilities or organizations representing disabled persons which contains: policies and practices for making programs and activities accessible; plans for making any structural modifications to facilities necessary for accessibility; a list of the persons with disabilities and/or organizations consulted; and the name and signature of the person responsible for the organization’s compliance efforts (“ADA Coordinator”).

By clicking the YES button below and by submitting an ArtsWA grant application, applicants/grantees are acknowledging that their programs, services, and facilities are accessible, or a plan to make them accessible is in place and being followed.  Funds may not be granted unless applicants are able, if requested, to provide documentation of their efforts to be in compliance.

**Applicant assures that all arts programs, services, and activities made possible with funding from the Washington State Arts Commission, and all facilities in which such programs, services, and activities are held (whether owned, leased, or donated to the Applicant), will be accessible to people with special needs in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Otherwise, organization will provide readily achievable reasonable accommodation as warranted.\***

# ****Application for Emerging Organizations Grant****

### ****Section 1: Programming****

### ****1. Organization's Mission Statement\*****

Limit: 50 words

*This should be the public version of your mission statement.*

*If you don't have a public mission statement yet, please give a short, one-sentence description of your organization.*

### ****2. Select the WA State County where most of your organization's activities take place.\*****

**Important:**The next two questions will help panelists understand your organization’s focus when developing and delivering programming. Selecting many options is not necessarily better!

Question 3: If the nature of your group includes many art forms, select "Interdisciplinary or Multidisciplinary Arts."

Question 4: State funded programming must be open to the public, so assume your programming will be “open to all.” For this question, select communities that your organization is making a focused effort to include and/or to develop programming.

### ****3. Select creative practices that your organization CENTERS in its programming.\*****

Craft Arts (include woodworking, metal work, glass, neon, ceramic, etc.)

Curation (assembling, managing, presenting artwork)

Dance/Movement (include circus, puppetry)

Design (include graphic, interior, architecture, etc.)

Fashion (include clothing, nail art, hair art, cosplay, etc.)

Film or Photography

Folk & Traditional Arts

Foodways (connections between food and cultural community)

Interdisciplinary or Multidisciplinary Arts

Literary Arts and Writing

Media and Technical Arts (include podcasts, animation, or videogame design)

Music (include live and recorded)

Performing Arts or Live Storytelling

Sculpture or Mixed Media (include organic material art such as bouquet arrangement or sand painting)

Textile Arts (include weaving, beading, quilting, etc.)

Theater (include performance, design, playwriting)

Visual Art or Illustration (include murals, street art, etc.)

Other

*This list is not exhaustive; please use the "other" checkbox at the end of the list to expand upon your selection(s) or identify other art forms involved in your programs.*

### ****4. Select communities that your organization CENTERS in decision making about programming.\*****

Children/Youth (0-18 years)

Young Adults (19-24 years)

Adults (25-64 years)

Older Adults (65+ years)

Intergenerational Families / Communities

Military Veterans / Active-Duty Personnel

LGBTQIA2S+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual and Two-Spirit)

Individuals or communities living in hospitals, nursing homes, hospices, or assisted care facilities

Individuals with Disabilities

Neurodivergent Individuals

Youth impacted by trauma

Communities or individuals impacted by incarceration

Communities or individuals impacted by homelessness

Families and/or Individuals impacted by poverty

Systems-impacted communities (communities impacted by systemic racism such as red-lining or historic discriminating immigration policy for example)

Refugee Communities

Rural Communities

Immigrant Communities

Pacific Islander or Native Hawaiian

East Asian, Southeast Asian, or South Asian

Black, African American, or African Diaspora (West, Central, East, or South)

Persian, Central Asian, Arab, North African, or Middle Eastern

Latiné/x/a/o

Indigenous North American, Native American, or Alaska Native

European/European American

Other

*This list is not exhaustive; please use the "other" checkbox at the end of the list to expand upon your selection(s) or identify other communities your programs will be serving.*

### ****5. Describe your programs.****

Relevant evaluation criteria: **Programming (25 points)**

Well scoring applications will have programs that:

* Reflect the organization’s mission,
* Are responsive to the communities served, and
* Reflect strong artistic merit through programs that uplift/center/encourage robust participation in creativity and art.

*I want to...****\****

Write a response (250 word limit)

Upload a video or audio response (1 minute limit)

### ****6. Work Samples****

Submit up to 3 work samples of your organization's past work. You may upload images, video, audio, or other documents in any combination. Website links to work samples are permitted.

**Panelists typically will not spend more than 5 minutes reviewing your samples.**If you submit videos, edit down or provide instructions on the timestamp to start watching. Long PDFs or written material will be glanced over if panelists cannot complete reading it within 5 minutes.

[View Work Sample Guidelines.](https://www.arts.wa.gov/wp-content/uploads/2023/01/WorkSample-Guidelines_GTO_FY24.pdf)

How would you like to share your Work Samples?**\***

File Upload

Website Link

### ****Section 2: People****

### ****7. How is your community included in your programming?****

Relevant evaluation criteria:**Community Access and Responsiveness (25 points)**

Well scoring applications:

* Have engaging and accessible ways for the community to experience their programming.
* Describe direct actions that increase access to programs for one or more of the following communities negatively impacted by structural inequity (i.e. rural communities, BIPOC community members, mental or physical disability, LGBTQIA2S+, immigrant or refugee communities)
* Include and consider community input in program planning.

*I want to...****\****

Write a response (250 word limit)

Upload a video or audio response (1 minute limit)

### ****8. How are your staff, contractors, or volunteers suited to meet the needs of your community and carry out programs?****

Relevant evaluation criteria:**Personnel (25 points)**

Well scoring applications:

* Have staff / contractors / volunteers that are qualified (whether through lived experience, training, etc.) to **work with the community** the organization serves.
* Have staff / contractors / volunteers that are qualified (whether through lived experience, training, etc.) to **provide the arts services** your organization offers.

*I want to...****\****

Write a response (250 word limit)

Upload a video or audio response (1 minute limit)

### ****Section 3: Budget****

Relevant evaluation criteria:**Budget (25 points)**

Well scoring application’s budgets:

* Reflect financial support for organization personnel/staff and contracted professionals.
* If the applicant organization is currently operating as a volunteer organization, tracking volunteer hours in the in-kind section of the budget ensures that the applicant organization is fully aware of what it costs to do what you do.
* Have a clear, feasible strategy for funding programs.

**9. Amount you are requesting\***

You can request between $2,000 - $5,000 from ArtsWA. Panelists may choose to award smaller grants to fund more organizations, so you may receive a percentage of your requested amount if you are awarded.

### ****10. Operating budget****

Include all planned income and expense for the period between July 1, 2024 - June 30, 2025. Estimations are acceptable!

For volunteer labor compensation, start at minimum wage. For specialized volunteer work we encourage you to research the [U.S. Bureau of Labor Statistics](https://www.bls.gov/oes/current/oes_nat.htm#27-0000)for standard wages.

Expenses**\***

|  | A | B | C |
| --- | --- | --- | --- |
| 1 | **Item Description** | **Expense Amount** | **Amount paid for by ArtsWA Grant** |
| 2 | **Staff / Administrative** |  |  |
| 3 | **Staff / Arts (art directors, teaching staff, etc)** |  |  |
| 4 | **Staff / Production, Technical, etc** |  |  |
| 5 | **Staff / Other** |  |  |
| 6 | **Artist Fees (contracted)** |  |  |
| 7 | **Rent (space/venue)** |  |  |
| 8 | **Rent (equipment)** |  |  |
| 9 | **Insurance** |  |  |
| 10 | **License Fees** |  |  |
| 11 | **Publicity / Marketing** |  |  |
| 12 | **Printing** |  |  |
| 13 | **Materials / Supplies** |  |  |
| 14 | **Food & Drink** |  | **(food & drink not eligible for ArtsWA to pay for)** |
| 15 | **Transportation (ArtsWA can only pay for in-state travel)** |  |  |
| 16 |  |  |  |
| 17 |  |  |  |
| 18 | **Total** | **0** | **0** |

*\*Total will auto-calculate in the Submittable application.*

Income**\***

|  | A | B |
| --- | --- | --- |
| 1 | **Type of Support** | **Income Amount** |
| 2 | **ArtsWA Grant Request Amount** |  |
| 3 | **Earned Income (tickets, workshop fees, etc)** |  |
| 4 | **Government or Private Foundation Grants** |  |
| 5 | **Corporate or Local Business Support** |  |
| 6 | **Individual Donors** |  |
| 7 | **Other support (fundraising events, etc)** |  |
| 8 | **Applicant Cash** |  |
| 9 | **Total\*** |  |

*\*Total will auto-calculate in the Submittable application.*

In-Kind**\***

|  | A | B |
| --- | --- | --- |
| 1 | **Type of Support** | **Approximate Dollar Value Donated** |
| 2 | **Volunteer Labor - Administrative** |  |
| 3 | **Volunteer Labor - Production/Technical** |  |
| 4 | **Volunteer Labor - Artists/Teaching Artists** |  |
| 5 | **Volunteer Labor - Other** |  |
| 6 | **Donated Space** |  |
| 7 | **Donated Equipment** |  |
| 8 | **Donated Materials/Supplies** |  |
| 9 | **Donated Food/Drink** |  |
| 10 | **Donated Transportation** |  |
| 11 |  |  |
| 12 |  |  |
| 13 |  |  |
| 14 | **TOTAL** | **0** |

*\*Total will auto-calculate in the Submittable application.*

### ****11. What strategies are you using to maintain or increase your funding?****

*I want to...****\****

Write a response (250 word limit)

Upload a video or audio response (1 minute limit)

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Section 4: **Supporting Documents**

The following documents are required by Washington State to ensure that public funds are being used correctly.

**Fiscal Sponsor's annual operating budget\***

Upload a file.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Please upload a copy of your fiscal sponsor's last completed-year, board-approved, operating budget showing annual cash income.

**Fiscal Sponsor's IRS Letter of Determination\***

Upload a file.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Please upload a copy of your fiscal sponsor's IRS Letter of Determination. This is the document from the IRS that approves their 501(c)(3) status.

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Bottom of Form

Save Draft

Submit Form