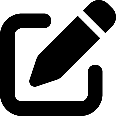
This document is for drafting purposes only. When you are ready to submit your application, go to <https://artswagto.submittable.com/submit/cf7aee87-c9c5-4c79-9896-32f659984b03/gto-art-service-organization-fy26-27>

**GTO – Arts Service Organization Support | FY26-27**

Top of Form

**Organization Information**



Applicant Legal Name(required):

Limit: 300 characters

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

Your Organization's DBA (if applicable):

Enter your “Doing Business As” tradename if different from your organization's legal name.

You can leave this question blank if your tradename is the same as your organization's legal name.

Physical Address(required):

Country(required):

Address(required):

Address Line 2 (optional):

City(required):

State, Province, or Region(required):

Zip or Postal Code(required):

*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?(required):

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

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

Mailing Address(required)

Country(required):

Address(required):

Address Line 2 (optional):

City(required):

State, Province, or Region(required):

Zip or Postal Code(required):

When did your organization form?

⃝ 1 - 3 years ago

⃝ Over 3 years ago

Determining the precise moment your group transitioned from a casual operation to an official organization can be challenging. As a guideline, consider the time when your members began assuming defined roles, when you hosted your first significant event, or when you initiated coordinated fundraising efforts.

**Currently, ArtsWA will fund organizations that have a minimum of one year of operations. This must include public events.**

**Grant Contact Information**

*Enter the contact information of the person who will manage your grant contract if awarded funds.*

Primary Grant Contact Name(required):

Last Name(required):

Primary Grant Contact Title(required):

*For example: Director, Grantwriter, etc.*

Primary Grant Contact Phone(required):

Primary Grant Contact Email Address(required):

**Authorizing Official**

*Enter the contact information of the person who has authority to sign your grant contract if awarded funds.*

Authorizing Official Name(required):

First Name(required):

Last Name(required):

Authorizing Official Title(required):

*For example: Executive Director, Fiscal Manager, etc.*

Authorizing Official Phone(required):

Authorizing Official Email Address(required):

**Organization Identifiers**

Employer Identification Number (EIN):

*Powered by Candid*

Unique Entity Identifier (UEI):

Please enter 12 characters without dashes.

UEI Example: 1A3Z567E9123

*As of April 2022, recipients of grants using federal funds are required to have an UEI number. The UEI replaces the DUNS Number. You may apply for this grant without one but cannot receive funds until you have a UEI. By selecting “no”, you affirm that you will apply for a UEI immediately. It may take several weeks to receive a number. Click here to apply now:* [*https://sam.gov/content/duns-uei*](https://sam.gov/content/duns-uei)*.*

Statewide Vendor Number (SWV):

Format should be: 0000000-00

*Washington Statewide Vendor (SWV) number allows the state of Washington to pay you—whether you are a business or individual contractor or grant recipient. To help you receive your funds quickly (should you get funded) apply for an SWV number ahead of time.*

[*Register for an SWV number here.*](https://ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services/vendor-payee-registration)

[*More information on getting an SWV number.*](https://www.arts.wa.gov/wp-content/uploads/2022/02/SWV-FAQ.pdf)

***An SWV number is not required when applying but is needed to receive funds should you get a grant.***

Washington State Unified Business Identifier (UBI):

Limit: 9 characters

Enter numeric digits only. **Do not enter dashes.**

UBI Example: 601456987

Note: This number is issued by the Washington Secretary of State. Organizations must be registered with the State of Washington as a Washington Nonprofit/Charity.

A UBI number is a nine-digit number that registers organizations with several state agencies and allows you to do business in Washington State. A state issued UBI number is sometimes called a tax registration number, a business registration number, or a business license number.

**You are *required* to have a UBI number unless you are a tribal member owned business operating on a reservation and licensed or registered with a federally recognized tribe in Washington State. You may apply without one, but we must have it to issue your funds should you be awarded a grant. If you are applying enter 'applying' above.**

Legislative District(required):

**To find your Legislative district, use the** [**District Finder tool**](https://app.leg.wa.gov/districtfinder/)**.**

* **Just your Legislative District. We do not need your Congressional District.**
* **FISCALLY SPONSORED GROUPS: We need the sponsored group's legislative district (not the fiscal sponsor's). If your group does not have a physical location, use your business address where you receive your business mail.**

**Conflict of Interest**

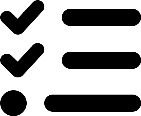
List any individuals involved with your organization that have an affiliation with ArtsWA. Affiliations do not preclude applications from consideration or funding.

Does your organization have any conflicts of interest with ArtsWA?(required)

⃝ Yes

⃝ No

**Application Questions**



**Geographic Reach / Distribution of Services**

Below are the geographic requirements for regional and statewide arts service organizations:

**Regional**art service organizations

* Provide professional development services for arts professionals from a minimum of three counties in **one** ArtsWA defined region.
* Are based in the region where services are provided.

**Statewide** art service organizations

* Provide services *in*ten or more counties, **and/or** an annual convening of arts professionals from across the state. Annual convening should include structured professional development components.

**Select the WA State County where your organization's is physically located.**

County(required):

Are you applying as a Statewide Arts Service Organization or a Regional Arts Service Organization?(required):

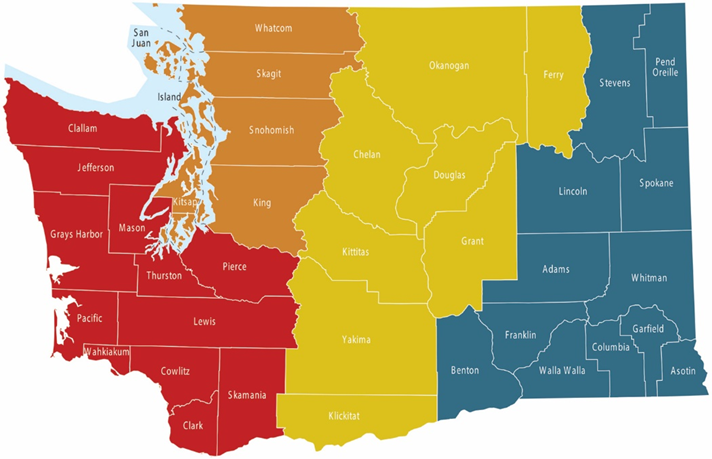
⃝ Statewide

Statewide: How does your organization deliver services?(required)

⃝ By providing services IN ten or more counties.

⃝ By hosting an annual convening of arts professionals from across the state (this should include structured professional development components.)

⃝ Regional



*Use this map to answer the below question.*

Regional: Which region does your organization serve?(required)

⃝ Central (Yellow section)

⃝ Eastern (Blue section)

⃝ Northwest (Orange section)

⃝ Southwest (Red section)

Regional Art Service Organizations provide in-person and online professional development services for arts professionals from a minimum of three counties in one ArtsWA defined region.

**Narrative**

Mission and Strategic Plan Goals(required):

Limit: 500 words

Provide your organization’s published mission statement and list the goal(s) from your organization’s strategic plan that reflect commitment to professional development of arts professionals in your region or across the state.

Management(required):

Limit: 500 words

How do you ensure the production and delivery of quality programs and services? Include financial planning, program planning, and collaborations.

Impact(required):

Limit: 500 words

How do you evaluate the impact your programs and services have on arts professionals you serve? Provide specific methodology for assessment and actions. Regional Arts Service Organizations are encouraged to describe regional need and impact.

Inclusion(required):

Limit: 500 words

Describe your strategy to include historically excluded\* communities in your professional development programs. Be specific about who you reach and include.

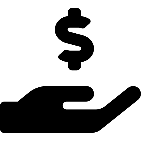
*\*Historically excluded refers to any group of people that have historically been left out, not considered, or actively barred from opportunities and privileges by a society or organization. In the context of arts funding, governmental and private funders have historically designed grant programs for and uplifted European/European-American art for* [*able-bodied*](https://ncdj.org/style-guide/)*,* [*cis/*](https://www.transhub.org.au/101/cis)*straight groups, often in urban settings, for example.*[*Learn more about the National Endowment for the Arts' Equity Plan here.*](https://www.arts.gov/equity) *For a FAQ on Civil Rights for applicants and to ensure your organization complies,* [*click here*](https://www.arts.gov/about/civil-rights-office/applicants-recipients-of-federal-financial-assistance/what-we-do/FAQs)*.*

Goals(required):

Limit: 500 words

With regards to your professional development programs, and related to your strategic plan, list three organizational goals for the next two years that can be measured and reported on in your final report should you get a grant.

**Budget**



Requested Grant Amount(required)

$ USD

You can request up to $12,000 from ArtsWA, which will be split over two years ($6,000 x 2). ArtsWA may choose to award smaller grants depending on available funds and/or to fund more organizations. You may receive a percentage of your requested amount.

Upload your last annual operating budget from your last completed fiscal year.(required)

Choose File

Upload a file. No files have been attached yet.

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 organization’s last completed-year operating budget.

[You may use this template here if you need.](https://www.arts.wa.gov/wp-content/uploads/2022/02/OPERATING_BUDGET_FORM_SAMPLE.xlsx)

Upload your next fiscal year's budget.(required)

Choose File

Upload a file. No files have been attached yet.

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 organization’s next fiscal year operating budget.

[You may use this template here if you need.](https://www.arts.wa.gov/wp-content/uploads/2022/02/OPERATING_BUDGET_FORM_SAMPLE.xlsx)

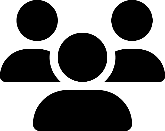
**Programs and Services**

List the professional development programs and services you provide. Include program name, short description, frequency (annual, monthly, etc.) location, estimated attendance, participation fee, and number of years providing the service.

Programs and Services(required)

|  | a | b | c | d | e | f | g |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | **Title of Program or Service** | **Short Description** | **Frequency (annual, monthly, etc.)** | **Location/Venue** | **Attendance (Estimates are acceptable)** | **Participation Fee** | **Number of years providing service** |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

**Work Samples**



Submit 3-5 work samples of your organization's past work in professional development (workshops, presentations, professional development events and gatherings). You may upload images, video, audio, or other documents in any combination. Website links to work samples are permitted. Video and audio work samples should not exceed 5 minutes combined.

**No more than 5 work samples will be reviewed.**

[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?(required)

⃝ File Upload

⃝ Website Link

**Supporting Documents**

IRS Letter of Determination(required)

Choose File

Upload a file. No files have been attached yet.

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

Upload a copy of your organization's IRS Letter of Determination. This is the document from the IRS that approves your 501(c)(3) status.

This document is required by Washington State to ensure that public funds are being used correctly.

Board of directors and staff(required)

Choose File

Upload a file. No files have been attached yet.

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

Upload a list of your organization’s board of directors and active staff: include position titles, and number of hours worked per week per position.

Strategic Plan(required)

Choose File

Upload a file. No files have been attached yet.

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

Upload your organization's most recent board approved strategic plan.

**You're done!**

All that's left is pressing "submit" below. You can also save your draft and come back later.

After you hit submit, **make sure you receive a confirmation email from**[notifications@email.submittable.com](mailto:notifications@email.submittable.com)**.**We recommend putting this email on your "safe sender" list. If you aren't sure whether your application was successfully submitted, you can email Ashley Marshall at [ashley.marshall@arts.wa.gov](mailto:ashley.marshall@arts.wa.gov).

Thank you for your application!Bottom of Form