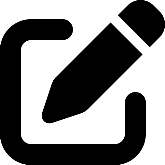
**GTO - General Operating Support - Emerging/Small | FY26-27**

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**General Operating Support - Fiscal Year 2026 - 2027 FISCALLY SPONSORED APPLICATION**

*Emerging/Small Organizations with Operating Budgets Between $0 - $100,000*

*All applicants, please review the program guidelines above before starting your application.*

**Applicant Legal Name (required)**

Limit: 300 characters

Please provide your organization's legal name exactly as it appears on your IRS Letter of Determination. If you are a fiscally sponsored or unincorporated group, please provide your group name. "Unincorporated" refers to not having 501(c)(3) status or being fiscally sponsored.

**Organization's DBA (if applicable)**

Input your "Doing Business As" trade name if it differs from your organization's legal name. If your trade name and legal name are identical, you may skip this question.

**Organization's Mission Statement (required)**

Mission statements play a crucial role in our grant programs. We are specifically looking for your mission statement as opposed to value statements etc. Please provide the mission statement that is publicly displayed on your website, fundraising materials, and other public-facing materials. Ensure that your mission statement is consistent across all platforms and is not altered for this application. Include your mission statement in the space provided above. Provide a link below.

**Link to Your Website Mission Statement Page** **(required)**

If you do not have a website, link to social media or other places where your public facing mission statement can be found.

**What is your organization's legal status? (required)**

Non-profit with 501(c)(3)

Fiscally Sponsored Group

Local Arts Agency

Tribal Government

Unincorporated

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

**Fiscal Sponsor Information**

To be eligible to apply with a fiscal sponsor, your group or organization must be sponsored by a 501(c)(3) nonprofit organization. This sponsor should either have arts, culture, and/or heritage stated in its mission statement, or be a 501(c)(3) nonprofit with a social impact mission that has a track record of supporting arts, culture, and heritage groups to further the Fiscal Sponsor's mission impact. For additional details on fiscal sponsorship at ArtsWA, please refer to the official guidelines. Click here to review the guidelines for fiscal sponsorship.

**Fiscal Sponsor's Legal Name (required)**

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

**Fiscal Sponsor's Published Mission Statement (required)**

For this application, use the public facing mission statement that your fiscal sponsor uses on their website, fundraising materials, etc. Do not alter the mission statement for this application unless it will be altered across all platforms.

**Fiscal Sponsor's Mailing Address (required)**

**Country (required)**

**Select...**

**Address (required)**

**Address Line 2 (optional)**

**City (required)**

**State, Province, or Region (required)**

**Zip or Postal Code (required)**

**Fiscal Sponsor's Employer Identification Number (EIN) (required)**

*Powered by Candid*

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

Limit: 12 characters

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 grants without one but cannot receive funds until you have a UEI. By selecting “no”, you confirm that you will be applying 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)*.*

Refer to our [Managing Your Grant](https://www.arts.wa.gov/managing-your-grant/) page for more information.

**Fiscal Sponsor's Statewide Vendor (SWV) Number (required)**

Format should be: 0000000-00

Check 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's Washington State Unified Business Identifier (UBI) (required)**

Limit: 9 characters

Enter numeric digits only. Do not enter dashes.

UBI Example: 601456987

Note: This number is issued by the Washington State Department of Revenue. [Click here for their business look-up tool.](https://secure.dor.wa.gov/gteunauth/_/#1)

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 enter* your 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.

**Fiscal Sponsor's annual operating budget (required)**

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .pdf, .gif, .jpg, .jpeg, .png, .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 (required)**

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf, .gif, .jpg, .jpeg, .png, .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.

**Fiscal Sponsor Authorizing Official (required)**

**First Name (required)**

**Last Name (required)**

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

**Fiscal Sponsor Authorizing Official Title (required)**

*For example: Executive Director, CFO, etc.*

**Fiscal Sponsor Authorizing Official Email (required)**

**Fiscal Sponsor Authorizing Official Phone (required)**

**Will you have a dedicated individual at your fiscal sponsor, distinct from the authorizing official, who will oversee your grant contract should your application be successful? (required)**

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

Fiscal Sponsor Contract Manager (required)

First Name (required)

Last Name (required)

Fiscal Sponsor Contract Manager Title (required)

*For example, Client Manger, Bookkeeper, etc.*

Fiscal Sponsor Contract Manager Email (required)

Fiscal Sponsor Contract Manager Phone (required)

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

I'm not sure.

**When did your organization form? (required)**

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.

**Applicant Organization's Average Annual Operating Budget (required)**

$0-$50,000

$50,000-$100,000

Please select the range for your average annual operating budget. We understand that effects of the pandemic continue to affect operating budgets.

**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.**

Transparency: Are there any individuals involved with the implementation or oversight of your project proposal that have an affiliation with ArtsWA?(required)

Yes

No

*If you are aware of any individuals affiliated with your organization who also have ties to ArtsWA, please list their names. Connections with ArtsWA will not negatively impact or bias your application. This information is for transparency in public funding.*

**Geographic Classification: (required)**

Urbanized Area (Population of 50,000+)

Urban Cluster (Population of 2,500-50,000)

Rural (Population of 2,500 or less)

Other

*We recognize that your organization might offer services in areas beyond your physical location. However, to prioritize assistance for underserved organizations, we require an assessment based solely on your physical location. If your group does not have a physical location, use the location where you receive your business mail.*

**Applicant Organization's Physical Address (required)**

Country (required)

Select...

Address (required)

Address Line 2 (optional)

City (required)

State, Province, or Region (required)

Zip or Postal Code (required)

*If your group lacks a physical address, please input the location where the majority of your programs occur. You will be given the opportunity to add your mailing address later.* ***When applying via a fiscal sponsor, ensure to provide your own address here, not that of your fiscal sponsor*.**

**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.

**Select the county where your organization is physically located. (required)**

Select...

We recognize that your organization might offer services in counties beyond your physical location. However, to prioritize assistance for underserved organizations, we require a response identifying your organization's physical location. If your organization does not have a physical address provide the county for your business mailing address.

**Who within your organization is responsible for managing your grant contract should you get a grant? (required)**

First Name (required)

Last Name (required)

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

Grant Contact Manager Title (required)

*For example: Director, Grantwriter, etc.*

Grant Contact Manager Phone (required)

Grant Contact Manager Email (required)

**Who is the Authorizing Official within your organization?**

*Enter the contact information of the person who has authority to sign your grant contract if your application is successful.*

Authorizing Official Name (required)

First Name (required)

Last Name (required)

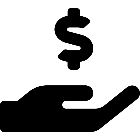
Authorizing Official Title (required)

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

Authorizing Official Phone (required)

Authorizing Official Email (required)

**Operating Year 2025 - Budget**



Using the worksheet below, provide a breakdown of your budget for the upcoming year. Include all planned income, expenses, and in-kind contributions for the period between July 1, 2025 - June 30, 2026. Estimates are acceptable (we know things can change).

In-Kind support are donated resources. Example: getting part of your printing costs donated by a local print shop, receiving meal donations for workshop attendees, or utilizing volunteers to help run your project. For volunteer labor compensation, start at the state minimum wage ($16.28/hr as of 2024). 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.

TIPS:

* Income and expenses totals should match as much as possible. It is fine to have more income than expenses, but expenses should not be higher than projected income.
* **Enter only numbers into the tables. Don't use $ dollar signs or letters, or the numbers will not automatically add up.**
* Approximations are fine.
* Use blank rows at the end of the tables to enter any other types of budget items.

**Operating Budget 2025**

|  | A | B |
| --- | --- | --- |
| 1 | **INCOME DESCRIPTION** | **ESTIMATED AMOUNT** |
| 2 | **ArtsWA Grant Request Amount** |  |
| 3 | **Earned Income (tickets, workshop feeds, 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 Operating Budget Income** | **0** |
| 10 |  |  |
| 11 | **EXPENSE DESCRIPTION** | **ESTIMATED AMOUNT** |
| 12 | **Staff Salaries** |  |
| 13 | **Artist or Contractor Fees** |  |
| 14 | **Rent (space/venue)** |  |
| 15 | **Rent (equipment)** |  |
| 16 | **Insurance and Licensing Fees** |  |
| 17 | **Publicity/ Marketing/ Communications** |  |
| 18 | **Materials/ Supplies** |  |
| 19 |  |  |
| 20 |  |  |
| 21 |  |  |
| 22 | **Total Operating Budget Expenses** | **0** |
| 23 |  |  |
| 24 | **IN-KIND DESCRIPTION** | **ESTIMATED VALUE** |
| 25 | **Volunteer Labor** |  |
| 26 | **Donated Supplies and Equipment** |  |
| 27 | **Donated Space** |  |
| 28 | **Donated Transportation** |  |
| 29 | **Donated Food & Drink** |  |
| 30 |  |  |
| 31 |  |  |
| 32 | **Total In-Kind Support** | **0** |

**What was your organizations total income (excluding in-kind) at the close of your last completed operating year? (required)**

$

$

**What was the total of your organization's expenses (excluding in-kind) at the close of your last completed operating year? (required)**

$

$

Include all expenses (supplies, administration, programming costs, rent, utilities, etc.) but exclude in-kind.

**What was the total your organization received as in-kind goods and services (that were reflected on your operating budget) at the close of your last completed operating year? (required)**

$

$

In-kind donations are any non-cash gifts of goods or services your organization receives and **tracks on your budget**. Examples are donated labor received as volunteer hours for work that you would otherwise have paid for, donated services such as legal services, donated materials, donated rent, etc. In-kind donations are tracked on the income and expense side of your budget. If the applicant organization is currently operating as a volunteer organization, tracking volunteer hours in the in-kind sections of your budget ensures that the applicant organization is fully aware of what it costs to meet its mission.

**Upload your organizations last completed operating year, board approved budget, that includes projected and actual income and expenses. (required)**

Choose File

Select up to 4 files to attach. No files have been attached yet. You may add 4 more files.

Acceptable file types: .csv, .doc, .docx, .pdf, .gif, .jpg, .jpeg, .png, .tif, .tiff, .ppt, .pptx, .xls, .xlsx

Your uploaded budget must reflect the figures you have reported above. Cash Flow statements can be difficult to read, please avoid uploading Cash Flow statements if possible.

**Amount you are requesting (required)**

$

$

You may apply for up to $6,000 in funding from ArtsWA, distributed over a two-year period ($3,000x2). Award amounts may vary, potentially smaller than requested, to accommodate a greater number of organizations.

**What methods will you use to raise funds for 2025? (required)**

Grants

Private Donations - Small Donors

Private Donations - Large Donors

Fundraising event(s)

Crowd Funding - Online

Direct Mail

Board Donations

Email Campaign

Donate Now button on website or similar webpage tool

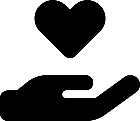
Other

**What is your fundraising goal for 2025? (required)**

$

$

**Programs, Public Benefit, Artistic Merit**



ArtsWA grants assist organizations in creating art experiences with and for their communities, ensuring everyone has access to the arts. These grants support projects, programs, and services across artistic disciplines, cultures, and traditions. Programs funded by ArtsWA symbolize a public investment and dedication to fostering cultural vitality within communities and providing opportunities for art professionals throughout the state. We aim to promote equity and increase funding for groups traditionally marginalized from government arts funding.

**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.

ADA Compliance Attestation (required)

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.

**Are your programs and services fully accessible and open to the public? (required)**

Yes

No

**Select counties where you deliver programs and services. (required)**

Adams

Asotin

Benton

Chelan

Clallam

Clark

Columbia

Cowlitz

Douglas

Ferry

Franklin

Garfield

Grant

Grays Harbor

Island

Jefferson

King

Kitsap

Kittitas

Klickitat

Lewis

Lincoln

Mason

Okanogan

Pacific

Pend Oreille

Pierce

San Juan

Skagit

Skamania

Snohomish

Spokane

Stevens

Thurston

Wahkiakum

Walla Walla

Whatcom

Whitman

Yakima

**Select from the list below how your organization's programs provide arts and culture services. (required)**

Cultural Preservation and Enrichment: Safeguarding artistic heritage by ensuring that traditional and contemporary art forms are preserved for future generations.

Promotion of Creativity: Encourage creativity by providing platforms for artists and other creatives to showcase their work. Foster innovation and experimentation. Organize exhibitions and performances.

Community Building: Create spaces and host events for people to connect, share experiences, raise awareness, challenge norms, promote inclusivity and diversity, collaborate with local artists, and engage in cultural dialogue. Strengthen community bonds.

Education and Outreach: Arts, Heritage, and Culture educational programs, workshops that nurture talent and creativity. Enhance public understanding of art and culture.

Advocacy and Economic Contribution: Advocate for support of arts funding, champion the value of creativity in society. Support local economies by producing events, supporting artists, and energizing tourism.

**Artistic Discipline: (required)**

01 Dance

02 Music

03 Opera/Music Theatre

04 Theatre

05 Visual Arts - experimental, graphics, painting, sculpture

06 Design Arts - architecture, fashion, graphic, industrial, interior, landscape architecture, urban/metropolitan

07 Crafts - clay, fiber, glass, leather, metal, paper, plastic, wood, mixed media

08 Photography

09 Media Arts - film, audio, radio, sound installations, video, technology/experimental

10 Literature - fiction, non-fiction, playwriting, poetry

11 Interdisciplinary - performance art

12 Folklife/Traditional Arts

13 Humanities - history & criticism of the arts, ethics, philosophy, social sciences

Social practice and/or community engagement

Other

**Artistic Discipline: what is your organization's primary art discipline. Use these codes for the organization specifically.**

**Communities Served: Only select those that comprise 25% or more of your participant base. (required)**

Adults (25-64 years)

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

Children/Youth (0-18 years)

Communities or individuals impacted by homelessness

Communities or individuals impacted by incarceration

East Asian, Southeast Asian, or South Asian

European/European American

Families and/or individuals impacted by poverty

Immigrant communities

Indigenous North American, Native American, or Alaska Native

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

Individuals with Disabilities

Intergenerational Families / Communities

Latiné/x/a/o / Latin American diaspora

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

Military Veterans / Active Duty Personnel

Neurodivergent Individuals

Older Adults (65+ years)

Pacific Islander or Native Hawaiian Communities

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

Refugee communities

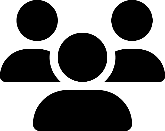
Systems-impacted Communities (systemic racism, discriminatory immigration policy for example)

Young Adults (19-24 years)

Youth impacted by trauma

No communities comprise 25% or more

**Work Samples**



Submit 3 - 5 work samples to support your organization's work. Your work samples reflect your ability to fulfill your organization's mission and reflect the communities you indicated you serve. Fliers promoting previous events must have researchable information such as venues, dates, etc. You may upload images, videos, audio, and documents. Website links to work samples are permitted. Video and audio work samples should be at most 2 minutes each. Ensure your video or audio sample is cued to the proper starting place for panelists to review. Make your work samples impactful.

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

File Upload: Work Sample

Choose File

Select up to 5 files to attach. No files have been attached yet. You may add 5 more files.

Acceptable file types: .doc, .docx, .pdf, .gif, .jpg, .jpeg, .png, .tif, .tiff, .m4a, .mp3, .wav, .wma, .avi, .m4v, .mov, .mp4, .mpg, .wmv

Work Sample Description

Include title(s), dates(s) and location(s), and brief description of each work sample.

Link: Work Sample 1

Link: Work Sample 2

Link: Work Sample 3

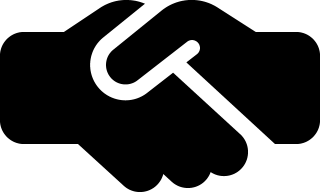
Link: Work Sample 4

Link: Work Sample 5

Description of linked media

Include title(s), dates(s) and location(s), and brief description of the linked media. Include what we should look for if linked to a website page.

**You are done! Thank you for your good work and patience!**

Bottom of Form