



**Please note the granting process has changed recently.** [**Please read the Project Guidelines carefully before applying**](https://docs.google.com/document/d/15jkmKw90sQhY5v0ibnWbQWihHl_Axgwu4pd99okbQac/edit?usp=sharing)**.**

*The SVCAC recognizes that we carry out our work on the unceded traditional territory of the Indigenous peoples of this region. We acknowledge and raise our hands with gratitude to the ancestors and keepers of the land.*

**Submission deadline: March 31, 2020**

The Slocan Valley Community Arts Council (SVCAC) is accepting applications for the 2020 Member Grants cycle. Please read all guidelines carefully. Questions can be directed to [svcarts@gmail.com](mailto:svcarts@gmail.com).

**Mandate:**

* Our Council’s mandate is: “To increase and broaden the opportunities for residents of the Slocan Valley and area to enjoy and participate in arts and cultural activities.”

**Values:**

Slocan Valley Community Arts Council Values

* The diversity of the Slocan Valley, we embrace and celebrate the unique characteristics of people who live here, and the eclectic culture residents are known for
* The Slocan Valley as a place of refuge, acceptance, and belonging
* Accountability; fiscal, governance
* Being responsive to our community’s unique needs
* Cultural equity and equal access to a variety of arts and cultural experiences
* All art forms including, visual, performing, literature
* Supporting the continuum of artists, from emerging to professional
* Paying appropriate professional fees to artists for services rendered
* Collaboration and partnerships

**Application Instructions**

Please answer all questions to the best of your ability. If a question is not relevant to your application simply answer 'no' or enter a value of '0' to ensure that all questions provided have a response. Be succinct in your responses.

### SECTION I — ORGANIZATION / INDIVIDUAL’S DATA

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| Name of organization, group or individual applying: |
| Primary contact information (Identify the person who will be leading the Project):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (number) (street) (city) (postal code)  Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signing Authority Contact Information:  𐀀 Check if Signing Authority information is the same as Project Contact   information.  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (number) (street) (city) (postal code)  Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| SECTION II — PROJECT INFORMATION  The information provided may be used for promotion purposes |
| 1. Project title and description and time frame (500 words max) |
| 1. Where will the project take place (100 words max)? |
| 1. A short biography describing your experience as related to your intended project (200 words max) |
| 1. How will this project contribute to the development of; your individual/group’s artistic practice, your chosen art form, and the local (Slocan Valley) arts community? (300 words max) |
| 1. Describe your target audience, how you will reach them, and approximately how many people will benefit directly or indirectly from this project (200 words max) |
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### SECTION III - GROUP/ ORGANIZATIONAL APPLICANTS ONLY INDIVIDUALS DO NOT NEED TO COMPLETE THIS SECTION

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| Group/ Organizational Mandate (120 words) |
| Executive Director Name:  Executive Director E-mail Address:  Board Chair Name:  Board Chair Email: |
| How does the organization incorporate diversity and inclusion among your board members, staff members, volunteers and participants (include elements of inclusiveness on the basis of gender, race, culture, religion, disability, or sexual orientation) (maximum 300 words) |

### SECTION IV - PROJECT WORK PLAN

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Start Date | End Date | Person Responsible |
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### SECTION V - BUDGET

Title of Project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested $ Amount of SVCAC funds:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Revenues**

|  |  |
| --- | --- |
| Earned Revenue: (Ticket/Art sales, etc,) | $ |
| Concessions: | $ |
| Fundraising: | $ |
| Federal/Provincial Grants: (Canada Council, BCAC, Canada Works etc.) | $ |
| In-kind Donations (Private, Corporate) | $ |
| **Contributed Services or other revenues (Itemize source & type)** |  |
| 1. | $ |
| 2. | $ |
| 3. | $ |
| 4. | $ |
| 5. | $ |
| **Enter SVCAC Member Grant Requested Amount** (Pending approval) | $ |
| **TOTAL ESTIMATED REVENUE** | $ |

**Expenses**

|  |  |
| --- | --- |
| Artist or Instructor Fees/Salaries | $ |
| Space/Project Production Rentals | $ |
| Travel/Transportation | $ |
| Advertising/Publicity | $ |
| Office (Bank, Phone, Paper, Mail etc.) | $ |
| Capital Expenses (must be under $200) | $ |
| **Materials/Supplies (Specify)** |  |
| 1. | $ |
| 2. | $ |
| 3. | $ |
| 4. | $ |
| **Other expenses: (Specify)** | $ |
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| **TOTAL ESTIMATED EXPENSES** | $ |

*Total estimated revenue* ***must*** *equal total estimated expenses*

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| In kind contributions: (Specify and Describe) |
| Is anyone else funding (confirmed) or being asked to fund (pending) your project? |

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| Is there anything else you think we should know (max 200 words)? |

**Declaration**

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| 𐀁 I declare that I am a member of the Slocan Valley Arts Council and that all of the information in this application is accurate  𐀁 I understand if I do receive the grant I am applying for and if I do not complete my proposed project, I will be responsible for refunding the Slocan Valley Community Arts Council the monies awarded.  Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position/ title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**Attachments**  
Applicants can attach up to three supporting materials (news-clippings, letter, bio, etc) to accompany the application. This is not required. Please list the attachments included below:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_