

NOTE: This application is for preview only. Applications are completed on SVCreates online grant platform. See website for link under Resources and Opportunities at [svcreates.org](https://svcreates.org)

# Unrestricted Operating Grants 2024

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*Silicon Valley Creates*

## *Introduction and Eligibility Check*

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Welcome to SVCreates 2024 Unrestricted Operating Support Grant application.

Helpful tips:

- **Before beginning your application**, review the complete Guidelines and Application Instructions, at this [link](#), which includes important information about eligibility and review criteria.
- **Late applications are not accepted.** Please plan to submit your application well before the 5 pm deadline in case of technical difficulties.
- We recommend that you review the entire application before getting started. You may download the application questions by clicking on the "Question List" button at the top of the page.
- Click on the headers to collapse and expand sections.
- Character counts are listed under narrative responses and include each letter and space. You do not need to use the entire space provided. Concise responses are welcomed. You may use bullet points.
- This platform has a collaboration feature. Click on the blue "Collaborate" button to invite others in your organization to view, edit, or submit your application.
- You may continue to edit your application until you've clicked "submit." Once you've submitted your application, you will not be able to change it.
- A glossary of terms is available [here](#) for terms that appear in green type.

The deadline for submitting this application is: **April 12, 2024 at 5:00 pm.**

*\*\*If you received an Unrestricted Operating Grant in 2023, your final report for that grant is also due on April 12, 2024 at 5:00 pm. The report form is listed on your Applicant Dashboard.*

Questions?

Email Alyssa Erickson, Program Director at [alyssae@svcreates.org](mailto:alyssae@svcreates.org)

## Confirm Applicant Eligibility

Review the following **Eligibility Criteria** for this grant program and confirm your eligibility by clicking the button below.

1. **Purpose:** The organization's primary purpose must be the performance, production, or presentation of arts and cultural activities that are open and accessible to all.

2. **Geography:** The organization's home base (primary business office or primary performance/exhibition venue/facility) must be located in Santa Clara County and the majority of programming (performances, presentations, exhibitions) must take place in Santa Clara County.
3. **History:** The organization must have been performing, producing or presenting in Santa Clara County **a minimum of 3-years** prior to the term of the grant. (for the current cycle, July 2021)
4. **Size:** The organization's annual budget, for the last completed fiscal year, **must be greater than \$250,000 and not exceed \$1.2 million.** (Note: organizations with annual budgets of \$10,000 - \$250,000 will be eligible to apply in 2025, see grant program guidelines for more details.)
5. **Tax Status:** The organization must be a California non-profit corporation with a 501c3 tax-exempt certification.
  - a. Applicants with annual budgets under \$750,000 may use a fiscal sponsor with 501c3 tax-exempt status.
  - b. Applicants with budgets over \$750,000 must be 501c3 nonprofits.
6. The organization must have satisfied all of the reporting requirements of any previously awarded grants from SVCCreates.
7. The organization prioritizes accessibility for a range of physical abilities when selecting spaces/venues for public programming.

### Choices

I have read the Eligibility Criteria and verify that my organization meets ALL eligibility criteria.

### Your First and Last Name\*

*Character Limit: 50*

### Budget Category\*

Based on your total expenses for your **most recently completed fiscal year**, please select the budget category for your organization.

#### Choices

\$250,000 - \$750,000

\$750,000 - \$1.2 million

### Tax Status\*

The tax status of this organization is:

#### Choices

501(c)3

Fiscally Sponsored

## *Program Information*

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### Proposal Title\*

*This is a field required by our system, please enter "Operating Support"*

*Character Limit: 100*

## Mission Statement\*

Enter your organization's mission statement, or primary purpose. Your mission statement should be concise. Do not add program details here.

*Character Limit: 750*

## Founding Date\*

Enter the year your organization was founded.

*Character Limit: 100*

## Venues/locations of Programming\*

List or briefly describe the in-person venues or locations where you **typically** provide programs.

*Character Limit: 1500*

## Program Overview and Strengths\*

Describe your core programming, highlights of significant accomplishments, and anticipated programs for 2024-25. Your answer may include:

- Types of work presented, season schedule
- Types of artists presented
- Education programs
- What sets you apart from others providing similar programs?

*Character Limit: 4000*

## Your Community\*

Describe your predominant community, including audience/participants, artists, volunteers, members, etc. (For example, by age, ethnicity, location).

*Character Limit: 3500*

## Audience Outreach\*

Briefly describe efforts you are taking to further **access** and **inclusion** in your organization or programs. I.e. how are you actively working to welcome and engage a broad diversity of the community into your programs and/or spaces? What barriers are you removing to make that possible? (Barriers may include, but are not limited to, physical ability, language, cultural norms, educational background, and economic resources.)

*See glossary for words in green type: [here](#).*

*Character Limit: 3500*

## PROGRAM ATTENDANCE

### Reporting by Fiscal Year

A note on timeframes for your reporting. The next few sections of this application ask you to report data based on your **fiscal year**. The fiscal year is named according to the year in which

the fiscal year ends. For example, FY24 = the fiscal year ending in 2024. If your fiscal year starts in July. Then July 1, 2023 - June 30, 2024 = FY24. Some organizations may begin their fiscal year on January 1, in which case your FY24 ends on December 31, 2024.

We ask for reporting by fiscal year, since this is typically how arts organizations plan their seasons and collect data related to their programming.

### **Approximate number of attendees for all programs in FY23.\***

For example, program attendees (paid or unpaid), students, ticket buyers, exhibition visitors, etc. Include online as well in person programs.

*Character Limit: 250*

### **Approximate number of attendees you anticipate/project for all programs in FY24\***

For example, program attendees (paid or unpaid), students, ticket buyers, exhibition visitors, etc. Include online as well as in person programs.

*Character Limit: 250*

### **Attendance by Age Group**

Estimate the breakdown of your total attendance for **FY23** by the following age groups.

### **Total Attendance: 18+ years\***

*Character Limit: 250*

### **Total Attendance: 0-18 years\***

*Character Limit: 250*

### **Title 1 Schools\***

Do you intentionally serve youth in Title 1 schools through your programs?

#### **Choices**

Yes

No

### **If yes, approximately how many youth are you serving from Title 1 schools per year?**

*Character Limit: 20*

### **List 1-3 Title 1 schools you work with**

*Character Limit: 250*

## Organization/Staff and Board

### Organizational Challenges\*

What do you identify as your greatest challenges? How do you engage in planning to address challenges (i.e., who is involved in planning, how far in advance do you plan your seasons, do you have a strategic plan or a set of overarching goals)? Please describe two or more challenges and how you are addressing them.

*Character Limit: 3500*

### Governance Structure\*

Describe your governance structure including board meeting frequency, board committee structure, executive leadership team, and whether executive leadership is paid or unpaid.

*Character Limit: 3500*

### Board Profile\*

How does your board reflect the community you serve (e.g., by ethnicity, geography, age, ability, economic status, and/or other factors you feel relevant)?

*Character Limit: 2000*

### STAFF AND BOARD DEMOGRAPHICS

Refer to the following terms to answer the questions below.

Terms:

**BIPOC** is an acronym that stands for “Black, Indigenous, and People of Color.”

**ALAANA** stands for “African, Latino/a/x/e, Asian, Arab, Native American.”

These terms embrace populations that have been historically excluded and under-represented in systems and structures of power while having experienced racism that perpetuates privilege and unequal access.

*You can find a complete glossary of terms [here](#).*

### Artists Engaged

Complete the table for the timeframes indicated. Enter whole numbers, if zero, enter "0"

*For FY24 projections, a rough estimate is fine.*

R1:C1	FY23 (actual)	FY24 (projected)
Number of Artists PAID		
Number of BIPOC/ALAANA Artists PAID		

<b>Number of UNPAID/VOLUNTEER Artists</b>		
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### Board and Staff Demographics

Complete the table to indicate current numbers of staff and board. Enter whole numbers, if zero, enter "0"

R1:C1	Total Number Currently	Number of BIPOC/ALAANA Currently (included in Total)
<b>Board Members</b>		
<b>Paid Staff</b>		

### Senior Staff Leadership\*

Does senior staff leadership (as you define it) include BIPOC/ALAANA representation?

#### Choices

- Yes
- No

### Current Board Roster\*

List board member names, occupation and city of residence, **or upload a board roster** using the upload button below.

*Character Limit: 5000*

### Upload a board roster

*File Size Limit: 5 MB*

## Work Samples/Supporting Documents

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### Artistic/Program Work Samples

You are required to submit at least **one** work sample that exemplifies the cultural and/or artistic programs or events presented by your organization. This may include video or audio recordings, or digital images of performances, exhibitions, or events. Select the type of work sample that is most relevant to your organization.

- Work samples are important for demonstrating the artistic vibrancy of your programs.
- All samples must be submitted via web link to an image file (such as Flickr), a video file (such as YouTube or Vimeo), audio file (such as SoundCloud), or document on a web page, or a folder in Google Drive.
- You may provide one link for each type of work sample listed below. Note: you may choose to submit two audio or two video work samples, or one of each.
- Check your links to make sure they work. Links must remain stable through June, 2024.
- Include a **brief description** of your work samples in the text box provided:
  - o Identify images by number, title, media, dimensions, date of completion.
  - o Describe performances, including titles of works, dates, venues and names of artists or performing groups.

### Digital images: maximum 15 images (one link):

*Enter URL which links to your work samples below.*

*Character Limit: 2000*

### Digital Image Sample Description

Please provide a password for private links, if applicable.

*Character Limit: 2000*

### Audio or Video Sample 1: maximum 5-minutes duration (one link)

Note: you may combine more than one audio or video excerpt in one work sample.

*Enter URL which links to your work samples below.*

*Character Limit: 2000*

### Audio/Video Sample 1 Description

If your sample is longer than 5 minutes, indicate cue points for reviewers.

Please provide a password for private links, if applicable.

*Character Limit: 2000*

### Audio or Video Sample 2: maximum 5-minutes duration (one link)

Note: you may combine more than one audio or video excerpt in one work sample.

*Enter URL which links to your work samples below.*

*Character Limit: 2000*

### Audio/Video Sample 2 Description

If your sample is longer than 5 minutes, indicate cue points for reviewers.

Please provide a password for private links, if applicable.

*Character Limit: 2000*

### Supporting Documents (optional)

You may upload **or** provide links for **up to three** supporting documents from the past five years that demonstrate the impact of your programs on viewers/participants. Examples include: letters of support, participant testimonials, reviews, audience surveys, social media posts. This section is OPTIONAL, however you are strongly encouraged to submit at least one document. These documents help reviewers understand the impact of your programs on participants and audience members.

**Note:** there are two options for providing Supporting Documents. You may provide **a link to a website or document in a Google drive, or upload a document directly.** You may submit a maximum of 3 samples.

### Supporting Document #1

*Character Limit: 2000*

### Supporting Document #2

*Character Limit: 2000*

### Supporting Document #3

*Character Limit: 2000*

### Upload Supporting Document 1

*File Size Limit: 3 MB*

### Upload Supporting Document 2

*File Size Limit: 3 MB*

### Upload Supporting Document 3

*File Size Limit: 3 MB*

### Comments about Supporting Documents (as needed)

Provide a "title/descriptor" for each shared document and any context you think might be important.

*Character Limit: 1500*

## *Financials*

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### Individual Donors\*

Approximate **number of individual donors** in FY23

*Character Limit: 20*

### Annual Volunteer Hours\*

Approximate **hours of volunteer labor** in FY23 (board, committees, ushers, backstage, events, etc)



*Character Limit: 20*

**Endowment\***

Total value of your endowment, if any.

*If zero, enter "0"*

*Character Limit: 20*

**Month Your Fiscal Year Begins\***

*Character Limit: 100*

**Budget Report Form - INCOME**

Use the table below to enter your annual income for the time periods indicated.

*Complete all fields, if zero, enter "0"*

INCOME TYPE	Previous Fiscal Year - ACTUAL (FY23)	Current Fiscal Year - PROJECTED (FY24)	Next Fiscal Year - PROJECTED (FY25)
Contributed - Individual Donors			
Contributed - Government			
Contributed - Foundation			
Contributed - Corporate			
Total Contributed Income			
Earned revenue (e.g., ticket sales, tuition, merchandise, etc.)			

<b>Other Income</b>			
<b>In-kind</b>			
<b>TOTAL INCOME</b>			

**Budget Report Form - EXPENSES**

Use the table below to enter your annual expenses for the time periods indicated.

*Complete all fields, if zero, enter "0"*

Expense type:

- **Artistic Salaries and Fees:** costs directly related to the creation, production, and presentation of art work
- **Production/Exhibition/Service Expenses:** all program or service delivery costs, **excluding** artistic salaries and fees and facility rentals/mortgage
- **Facility Rentals/Mortgage:** e.g, office, studio, performance space, etc.
- **Administrative Expense:** administrative salaries and other costs incurred during the normal course of business
- **In-kind:** should equal in-kind income

<b>EXPENSE TYPE</b>	<b>Previous Fiscal Year - ACTUAL (FY23)</b>	<b>Current Fiscal Year - PROJECTED (FY24)</b>	<b>Next Fiscal Year - PROJECTED (FY25)</b>
<b>Artistic Salaries and Fees</b>			
<b>Production/Exhibition/Service Expenses</b>			
<b>Facility Rentals/Mortgage</b>			

<b>Administrative Expenses</b>			
<b>In-kind (should equal in-kind income)</b>			
<b>TOTAL EXPENSES</b>			

### Budget Notes

Please provide detailed notes for any budget items entered above that may require explanation. Examples include: significant income or expense fluctuations, changes in staff or programs, large in-kind contributions, or any organizational deficit.

Budget notes are critical for review panelists to understand shifts in your income, expenses, administration or programming. The more you can explain, the better.

*Character Limit: 2000*

### Financial Statement\*

Please upload your financial statement(s) for the **most recently completed fiscal year** (audited if available) in whatever format you have. Include Profit and Loss Statement and Balance Sheet.

*File Size Limit: 9 MB*

### Additional files as needed

*File Size Limit: 9 MB*

### Notes on Financial Statements (as needed)

*Character Limit: 2000*

### Additional comments or feedback about this application (optional)

*Character Limit: 3000*

Thank you for your time and effort in submitting an Unrestricted Operating Support Grant application!

- Be sure to click the "Submit Application" button when you are done with this application form.
- Late applications due to technical difficulties, or any other reason, are not accepted.
- You should receive a confirmation email after you submit your application. If you do not receive this email or have other questions, please contact Alyssa Erickson, Program Director at [alysae@svcreates.org](mailto:alysae@svcreates.org)

- You can download a PDF of your completed application by clicking on the "Application Packet" button at the top of the webpage.
- Communication about this grant will be sent from: administrator@grantinterface.com. Please add this email to your safe sender list.

## *Fiscal Sponsor Information*

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### **Fiscal Sponsor Name\***

If your organization has a qualified nonprofit fiscal sponsor, please enter the name of your fiscal sponsor here.

*Character Limit: 100*

### **Fiscal Sponsor EIN Number\***

*Character Limit: 50*

### **Fiscal Sponsor Contact (enter first and last name)\***

*Character Limit: 100*

### **Fiscal Sponsor Contact Email\***

*Character Limit: 254*