

In order to do our part to stop the spread of COVID-19, our team will be working from home. For quickest response, please [contact us by email info@cciarts.org](mailto:info@cciarts.org).



## QUICK GRANT APPLICATION

**Instrucciones de solicitud de subsidio rápido en español**

**([https://www.cciarts.org/Library/docs/Quick\\_Grant\\_Application\\_Spanish\\_July\\_2019FINAL.pdf](https://www.cciarts.org/Library/docs/Quick_Grant_Application_Spanish_July_2019FINAL.pdf))**

**快速资助项目说明**

**([https://www.cciarts.org/Library/docs/Quick\\_Grant\\_Application\\_Chinese\\_July\\_2019.pdf](https://www.cciarts.org/Library/docs/Quick_Grant_Application_Chinese_July_2019.pdf))**

The Quick Grant program provides reimbursement funds to staff at nonprofit arts organizations in the San Francisco Bay Area and to individual artists, creatives, cultural practitioners, and cultural producers throughout the state of California in order to build administrative capacity, hone business skills, and strengthen the economic sustainability of an organization, art practice, or area of cultural production.

Individual artists, creatives, cultural practitioners, cultural producers, and arts organization staff may apply to the Quick Grant program if they meet the eligibility criteria outlined in the Quick Grant Guidelines. **Eligibility criteria may vary slightly by region. Before applying, please review the Quick Grant Guidelines and Frequently Asked Questions, [here](https://www.cciarts.org/quick_grant.htm)** ([https://www.cciarts.org/quick\\_grant.htm](https://www.cciarts.org/quick_grant.htm)).

*Please Note:*

- **Applications must be completed in one sitting.** Once you save your application, you may not be able to retype in the form. We recommend cutting and pasting the answers to the brief narrative questions from a Word document. Don't forget to print a completed copy of your application for your files.
- Due to the increasingly competitive nature of the Quick Grant program, partial funding is likely to be awarded.
- Priority is given to activities with a business or administrative training component.

- Artistic development activities are ineligible for Quick Grant funding.
- Activities that begin less than 30 days after the nearest application deadline (Applications are due on the 15<sup>th</sup> of each month) are ineligible for Quick Grant funding.

**ATTENTION: Applicants must include their PHONE NUMBER and ADDRESS in their CCI online profile before submitting an application. FAILURE TO DO SO MAY RESULT IN DISQUALIFICATION OF APPLICATION.**

## I. APPLICANT INFORMATION

*The information requested below is CONFIDENTIAL and will be used for internal purposes only to better capture and understand the population we serve. As such, the information you provide may be used in summary statistics, but will not impact the evaluation of your application.*

### Applicant Type

**County** (e.g. Humboldt, Contra Costa, Los Angeles, etc.)

### What is your career stage?

### What is your artistic discipline or area of cultural production? (Select all that apply.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Dance                    | <input type="checkbox"/> Media Arts         | <input type="checkbox"/> Social Practice        |
| <input type="checkbox"/> Design                   | <input type="checkbox"/> Multi-disciplinary | <input type="checkbox"/> Theatre                |
| <input type="checkbox"/> Education                | <input type="checkbox"/> Music              | <input type="checkbox"/> Visual Arts            |
| <input type="checkbox"/> Folk/Traditional Arts    | <input type="checkbox"/> Musical Theatre    | <input type="checkbox"/> XR (AR, MR, and/or VR) |
| <input type="checkbox"/> Humanities/Literary Arts | <input type="checkbox"/> Opera              | <input type="checkbox"/> Write-in Option        |

Artistic Discipline/Area of Cultural Production Write-in Option

### With which gender(s) do you identify? (Select all that apply.)

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Female                | <input type="checkbox"/> Male       | <input type="checkbox"/> Prefer Not to State |
| <input type="checkbox"/> Gender Non-conforming | <input type="checkbox"/> Trans      | <input type="checkbox"/> Write-in Option     |
| <input type="checkbox"/> Intersex              | <input type="checkbox"/> Two Spirit |  |

Gender Write-in Option

**Do you identify as LGBTQ?**

LGBQ Write-in Option

**Do you identify as a person with a disability?**

Disability Write-in Option

**How do you identify? (Select all that apply.)**

- |  |  |
|--|--|
| <input type="checkbox"/> Arab, Arab American                         | <input type="checkbox"/> Native Hawaiian, Pacific Islander |
| <input type="checkbox"/> Asian, Asian American                       | <input type="checkbox"/> Sephardic, Ashkenazi Jew          |
| <input type="checkbox"/> Asian Indian, Asian Indian American         | <input type="checkbox"/> White/Caucasian                   |
| <input type="checkbox"/> African, African American/Black             | <input type="checkbox"/> Prefer Not to State               |
| <input type="checkbox"/> Indigenous, Native Alaskan, Native American | <input type="checkbox"/> Write-in Option                   |
| <input type="checkbox"/> Latin American, Latino/a, Latinx            |  |

Identity Write-in Option

**What is the highest degree or level of education you have completed?**

== select == ▼

**Do you owe any student loans currently?**

== select == ▼

**How did you hear about this opportunity? (Select all that apply.)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> CCI Newsletter | <input type="checkbox"/> Consultant       | <input type="checkbox"/> Write-in Option |
| <input type="checkbox"/> CCI Website    | <input type="checkbox"/> Friend/Colleague |  |
| <input type="checkbox"/> CCI Workshop   | <input type="checkbox"/> Social Media     |  |

Other sources where you heard about this opportunity

**If you are applying as an "Artist, Creative, Cultural Practitioner, or Cultural Producer":**

Approximate number of years you have been creating art or engaging in cultural practices with the intent to earn income from your work

Annual household income == select == ▼

Estimated percentage of income derived from your art/cultural practice or arts-based business

Do you also identify as an arts administrator? == select == ▼

**If you are applying as "Organization Staff":**

Tax Id

Operating budget (most recently completed fiscal year) == select == ▼

Is your organization fiscally sponsored?

Staff at my organization has received a Quick Grant in the past 12 months

Do you also identify as an artist, creative, cultural practitioner, or cultural producer?

**All Applicants**

**In some geographic areas that this grant supports, rising costs of living have displaced individuals. Has this circumstance affected you?**

If yes, from where did you move?

Since being displaced, how long have you lived at your current residence?

**II. ELIGIBILITY VERIFICATION**

You may be eligible to apply for Quick Grant funding if you meet any of the following eligibility verification requirements in ONE of the funding categories listed below. Please check whether you are applying as an Artist, Creative, Cultural Practitioner, or Cultural Producer, or as Nonprofit Arts Organization Staff and indicate your eligibility under that column, as applicable.

**Artist, Creative, Cultural Practitioner, or Cultural Producer** *(check all that apply):*

- Artist, Creative, Cultural Practitioner, or Cultural Producer living and/or working outside of Los Angeles, San Francisco, and Alameda Counties (demonstrated by resume attached to application)
- Artist, Creative, Cultural Practitioner, or Cultural Producer living and/or working in Los Angeles County (demonstrated by resume attached to application)
- Artist, Creative, Cultural Practitioner, or Cultural Producer living in San Francisco, living in Alameda County, or working/living in the City of San José (demonstrated by resume attached to application)
- Current San Francisco Arts Commission individual grantee

Last Award Date:

- California Community Foundation Visual Arts Fellowship applicant (2012 or after)

Last Award Date:

**Nonprofit Arts Organization Staff** *(check all that apply):*

- Staff at a nonprofit arts organization located in the City of San Francisco or San José
- Staff of a current San Francisco Arts Commission organizational grantee

Date of Last Award:

- Staff of a current San Francisco Grants for the Arts organizational grantee

Date of Last Award:

### III. PURPOSE OF REQUEST

If requesting multiple activities, please list in priority order.

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#### 1ST ACTIVITY

**Activity Name**  *If requesting a consultant or independently organized activity, enter "N/A".*

**Activity Type**

 ▾

**Activity Cost**

\$

Travel Cost *(if applicable)*

\$

**Location**

 ▾

**Activity Dates** *(e.g. 4/1/12-5/1/12 or April 1, 2012 – May 1, 2012)*

**Topic**

 ▾

Other Topic

**Program Provider**

**Program Provider Website**

**Activity Description** *(If requesting a consultant, coach, or mentor, please provide a detailed timeline including both the start and end dates of the project and a description of key lessons/topics that will be covered.)*

Participant Name (if applying as an organization staff member)

Participant Position (if applying as an organization staff member)

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## 2ND ACTIVITY

Activity Name  *If requesting a consultant or independently organized activity, enter "N/A".*

Activity Type

Activity Cost

\$

Travel Cost *(if applicable)*

\$

Location

Activity Dates *(e.g. 4/1/12-5/1/12 or April 1, 2012 – May 1, 2012)*

Topic

Other Topic

Program Provider

Program Provider Website

Activity Description *(If requesting a consultant, coach, or mentor, please provide a detailed timeline including both the start and end dates of the project and a description of key lessons/topics that will be covered.)*

Participant Name (if applying as an organization staff member)

Participant Position (if applying as an organization staff member)

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### 3RD ACTIVITY

Activity Name  *If requesting a consultant or independently organized activity, enter "N/A".*

Activity Type

Activity Cost

\$



Travel Cost *(if applicable)*

\$

Location

▼

Activity Dates *(e.g. 4/1/12-5/1/12 or April 1, 2012 – May 1, 2012)*

Topic

▼

Other Topic


Program Provider

Program Provider Website

Activity Description *(If requesting a consultant, coach, or mentor, please provide a detailed timeline including both the start and end dates of the project and a description of key lessons/topics that will be covered.)*

Participant Name *(if applying as an organization staff member)*

Participant Position (if applying as an organization staff member)


 

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## 4TH ACTIVITY

Activity Name  *If requesting a consultant or independently organized activity, enter "N/A".*

Activity Type


Activity Cost

\$

Travel Cost *(if applicable)*

\$

Location

Activity Dates *(e.g. 4/1/12-5/1/12 or April 1, 2012 – May 1, 2012)*

Topic

Other Topic

Program Provider

Program Provider Website

Activity Description *(If requesting a consultant, coach, or mentor, please provide a detailed timeline including both the start and end dates of the project and a description of key lessons/topics that will be covered.)*

Participant Name (if applying as an organization staff member)

Participant Position (if applying as an organization staff member)

== select == ▼

## PROPOSED IMPACT

**Describe how the proposed activity or activities will impact your career and/or benefit your organization. *Please note that Quick Grant funding has become increasingly competitive. Therefore, your response should provide strong rationale for how the proposed activity or activities will directly enhance your business and administrative capabilities or those of your organization.***

200 word maximum

0 / 200 words

## IV. ACTIVITY BUDGET

**Total cost of proposed activity**

\$

**Total requested from Quick Grant program**

\$

Itemized budget listing registration fees, airfare costs, accommodation fees, transportation fees or consultant rate/ fee per session/hour. Please also list any additional committed source(s) of funding for your activity, if needed.

*\*When making your plans, note that partial funding is likely to be awarded.*

**V. UPLOAD FILE(S)**

**Applicant's resume**

No file chosen

**If requesting a consultant, coach, or mentor, please attach:**

Professional bio or resume for consultant, coach, or mentor

No file chosen

Letters of Commitment

No file chosen

No file chosen

**If applying through a fiscally sponsored organization:**

Copy of fiscal sponsorship agreement between applicant organization and the fiscal sponsor

No file chosen

AND a statement from the fiscal sponsor verifying that the majority (i.e., 75% your public activities) of applicant's programming occurs within the City of San Francisco or the City of San José.

No file chosen

**VI. AUTHORIZATION**

*I verify that the information in this application is true and that I meet all of the eligibility requirements for the Quick Grant program. I also understand that it is my responsibility to enroll in the class specified in this application and to make any necessary contracting agreements with the consultant(s) identified in this application. I further acknowledge that submission of a Quick Grant application does not guarantee a reimbursement will be awarded.*

**Checking here provides your authorized signature.**

**If applying on behalf of an organization:**

*I verify that the activities described in this application have been approved by the applicant's arts organization. As an authorizing official of the organization, we further agree to receive and administer a reimbursement award for the purposes described, if approved. If the applicant is not a senior manager within the organization, the authorizing official must be an executive staff member other than the applicant with the authority to approve financial decisions. If the applicant is a board member, the applicant must receive authorization from an executive staff member. Alternatively, if the applicant is an authorizing official of the organization, authorization must be from a Board member.*

Checking here provides your authorized signature.

*(See [FAQs \(https://www.cciarts.org/quick\\_grant.htm\)](https://www.cciarts.org/quick_grant.htm) for more information)*

Authorization Name

Authorization Title

Authorization Organization

Authorization Email