

Keeping Space – Oakland

Financial Assistance Application



Organization and Staff Information

Organization Name *

Year Incorporated (if applicable)

Website Address *

Mailing Address *

City *

Zip Code *

Primary Contact Information *

	Preferred Gender Pronoun	First Name	Last Name	Title	Email	Telephone (xxx.xxx.xxxx)
Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Secondary Contact Information (optional)

	Preferred Gender Pronoun	First Name	Last Name	Title	Email	Telephone (xxx.xxx.xxxx)
Secondary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Senior Level Staff Resumes or Bios*

Number of Full-Time PAID Staff*

Number of Part-Time PAID Staff*

Number of Current Volunteers & Interns*?

Organization Type? (select up to two types) *

- Artist Collective
- Arts Education
- Community Arts
- Cultural
- Gallery
- Media Arts
- Museum
- Performing Arts
- Presenting
- Producing
- Service Organization
- Visual Arts
- Other

Artistic Discipline(s) (select all that apply) *

- Applied Art (assemblage, crafts, textiles etc.)
- Ceramics
- Computer Art
- Contemporary Arts
- Dance
- Film
- Graffiti
- Literary
- Multimedia
- Performance Art
- Photography
- Printmaking
- Sculpture
- Theatre Arts
- Traditional and Folk Arts
- Visual Art

Mission Statement *

Strategic Plan or Business Plan (if available)

Board / Advisory Committee Information

Number of Board or Advisory Members*

Member Roster (optional)

Programming & Community Impact

Briefly describe the organization's programming, geographic reach, and target population. Who does the organization serve and why? How does the organization meet the needs of the communities served? (500 words or less) *

Please describe how the organization is in alignment with one or more of the BONUS CRITERIA listed in the Program Guidelines (Priority will be given to organizations that meet the following criteria: Cultural Equity, Cultural Preservation, Geographic Equity) (350 words or less)

Total People Served Annually (community, audience, artists, etc.) *

How Many Years has the Organization Been Actively Programming in Oakland *

Please List One List the Three Primary Zip Codes Served by the Organization *

Zip Code (xxxxx)	
One	<input type="text"/>
Two	<input type="text"/>
Three	<input type="text"/>

Please List One Event or Program Produced Per Year Over the Past Three Years Since November 2014, that is Representative of the Organization's Ongoing Programming. Events and programs must have taken place in Oakland. *

	Date (mm.dd.yyyy)	Event/ Program Name	Brief Description	Venue Name	Venue Location
	14-15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15-16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16-17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Letter of Support for Artistic Quality and Programming (core criteria) *

Letter of Support for Cultural Preservation (bonus criteria – optional)

Work Samples

You may submit up to two work samples from the past two years. Examples include: audio, video, images, literary manuscripts, film treatments, publications, and scripts. Work samples should demonstrate the essence of your artistic and/or programmatic work.

Weblink for Audio and Video. Please limit audio and video to a min of 2 and max of 4. Please indicate timestamps to cue selection committee to the part which demonstrates the essence of your work.

(optional)

Images and Documents

Press Review (optional)

Fiscal Information

Does the Organization Have 501(c)(3) Status *

- Yes
 No

Letter of Determination *

Is the Organization Fiscally Sponsored *

- Yes
 No

The Organization must be a 501(c)3 or fiscally sponsored by a 501(c)3 to meet the basic eligibility requirements. Please contact CAST staff at 415.556.9888 x103 for more information.

Does the Organization Take Part in the Data Arts Project (Formerly known as California Cultural Data Project)? *

- Yes
- No

Organizational Budget *

List the Organization's Three Largest Funding Sources of Income

Funder Name	Total (\$) Amount	Funding Period (mm.yyyy - mm.yyyy)

Most Recent Data Arts Report (Kenneth Rainin Foundation's Data Arts Report) *

Current Year Operating Budget *

Income Statement & Balance Sheet for Prior Three Fiscal Years (consecutive years)

Most Recent Year's 990 (if available) *

Most Recent Completed Audit (if available)

Project Description

Select the Category Being Applied For: (please click here for

- category details) * Category A: Acquisition Expenses
- Category B: Planning
- Expenses Category C:
- Tenant Improvements
- Category C: Code, Safety & ADA Improvements Category D: Rental, Moving, and Other Expenses

Select All That Apply: *

- Rental Expenses
- Moving Expenses
- Other Expenses

Moving Expenses: Provide a brief description of the project outlining the need, goals, design, and implementation. Speak to your organization's leadership and staff capacity, and your organization's financial strategy/plan to successfully complete the project. (500 words or less) *

Rental OR Other Expenses: Provide a brief description of the project outlining your needs and goals. Speak to your organization's leadership and staff capacity, financial strategy/plan, and ability to pay higher rent and other recurring additional expenses in the future. (500 words or less) *

Rental AND/OR Other & Moving Expenses: Provide a brief description of the project outlining your needs, goals, design and implementation. Speak to your organization's leadership and staff capacity, financial strategy/plan, and ability to pay higher rent and other recurring additional expenses in the future. Demonstrate your organization's strategy/plan to successfully complete the project (500 words or less) *

Describe the financial hardship the organization is experiencing and/or foresees as a result of the project. How is securing long-term space or retaining your current space critical for your ability to continue operating your programs? (350 words or less) *

Describe how your organization is facing displacement or how your organization became displaced since January 1, 2012 (if applicable).

Project Start Date (mm.dd.yyyy) *

Project End Date (mm.dd.yyyy)

Total Project Cost (\$) *

Grant Request (\$) *

Project Budget - Project Budget Template *

Project Timeline *

Project Team *

Projected Operating Budget *

Is the facility Handicap and/or ADA Accessible?

- Yes
- No
- Other

Is this a Co-Location Facility? *

- Yes
- No
- Other

How Many Tenants Share this Facility? *

Do you see this space being a Co-Location Facility? *

- Yes
- No

Square Footage *

Monthly Rent/Finance Amount (\$) *

Lease/Rental Agreement Termination Date

Lease Terms and Options OR Asking Price and Financing Structure for Acquisitions. (50 words or less) *

Executed Lease, Rental Agreement or Purchase and Sale Agreement* (50 words or less)

Purchase and Sale Agreement or Letter of Intent, if Available (50 words or less)

Other Pertinent Facility Information (350 words or less)

Optional Demographics Survey

In order to evaluate Keeping Space - Oakland and to better guide our outreach strategy, CAST would like to collect demographic information on your organization and the community served by your organization. This information will not be used to evaluate your application.

Community Demographics

Would your organization like to participate in this optional survey?

- * Yes
 No

Does the Organization Serve those who identify as LGBTQ? *

- Yes
 No

How Many LGBTQ are Served Annually? *

Does the Organization Serve Immigrant

- Communities? * Yes
 No

How Many Immigrants are Served Annually? *

Does the Organization Serve People with Disabilities?

- * Yes
 No

How Many People with Disabilities are Served Annually? *

Does the Organization Serve Families? *

- Yes
 No

How Many Families are Served Annually? *

AGE (If not applicable enter "0") *

	0 - 12	13 - 21	22 - 30	31 - 50	51 - 70	Over 70
QTY						

ETHNICITY (If not applicable enter "0") *

	Asian	Black or African America	Latina(o) Ethnic	Multi-	Native American	Pacific Islande	White	Other
QTY								
GENDER								

GENDER (If not applicable enter "0") *

	Female	Male	Transgender or Non-Binary	Other
QTY				

HOUSEHOLD INCOME (If not applicable enter "0") *

	0 - 20k	20k - 40k	40k - 70k	70k - 100k	100k - 300k	Greater Than 300k
QTY						

Board / Advisory Committee Demographics

ETHNICITY (If not applicable enter "0") *

	Asian	Black or African America	Latina(o)	Multi-Ethnic	Native American	Pacific Islander	White	Other
QTY								

GENDER (If not applicable enter "0") *

	Female	Male	Transgender or Non-Binary	Other
QTY				

Staff Demographics

ETHNICITY (If not applicable enter "0") *

	Asian	Black or African America	Latina(o)	Multi-Ethnic	Native American	Pacific Islander	White	Other
QTY								

GENDER (If not applicable enter "0") *

	Female	Male	Transgender or Non-Binary	Other
QTY				

Application Survey & Signatures

How Did You Learn About Keeping Space - Oakland? (please check all that apply) *

- Community Newsletter
- Oakland
- Cultural Arts
- Funding Social
- Media Flyer
- Website
- Hewlett Foundation
- Word of Mouth
- Other
- Email
- Kenneth Rainin Foundation
- Newspaper
- NCCLF
- Social Media
- Oakland Cultural Arts Funding

Rate Your Experience with This Application Process *

	1	2	3	4	5	6	7
1 Unpleasant - 7 Not so bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment on Your User Experience with This Application (100 words or less) *

Signature of Primary Contact *