

# Pathways Program | Expression of Interest

## About You

1. Your Name:
2. Your Email:
3. Your Pronouns (optional):
4. Your Phone Number (optional):
5. Name of your Organization or Collective:
6. Which city, town, or municipality in BC is your organization based in?

## About Your Organization

7. How would you classify your organization? (select all that apply)
  - a. Non-profit society
  - b. Registered Charity
  - c. Collective
  - d. Registered Cooperative
  - e. Other (please specify)
8. Which discipline(s) does your organization primarily (more than 50% of the time) work in, work with, or represent? (select all that apply)

a. Circus Arts	j. Literary
b. Community Arts	k. Media Arts
c. Craft Arts	l. Multidisciplinary
d. Cultural Centre	m. Museums & Heritage
e. Dance	n. Music
f. Gallery	o. Theatre
g. Festival	p. Visual Arts
h. Indigenous Arts	q. Other (please specify)
i. Interdisciplinary	
9. We understand the pandemic and recovery funding has made the last few years atypical for most organization's budgets. What is your anticipated average annual budget for the next few years?
  - a. Under \$10K
  - b. \$10K-\$25K
  - c. \$25K-\$50K
  - d. \$50K-100K
  - e. \$100K-200K
  - f. \$200K-\$500K
  - g. \$500K-\$1M
  - h. \$1M-\$5M

10. How many people will work with your organization over the next 12 months? (enter number for each type)

- a. Full time staff (paid)
- b. Part time staff (paid)
- c. Casual staff (paid)
- d. Seasonal staff (paid)
- e. Contractors (paid)
- f. Volunteers who fill staff positions (not for specific events)
- g. Board members

11. Sometimes it is difficult to capture the nuances of what is happening with staffing in numbers alone. Is there anything you would like to share about your organization's staff capacity or structure that might impact your participation in the program? (optional)

12. Has your organization received [Operating Assistance](#) funding from the BC Arts Council within the last two fiscal years? (select one)

13. Has your organization received funding from BC Arts Council's [Accelerate Program](#)? (select one)

### **Your interest in participating in the program**

Each response, maximum 150 words, no minimum

14. What are you and your organization hoping to achieve from a program like Pathways?

## Your interest in participating in the program (continued)

Each response, maximum 150 words, no minimum

15. What steps has your organization taken in the past few years that would demonstrate a commitment and readiness to participate in Pathways?

*\*We recognize that every organization is at a different place in their equity and access work, we want to meet each organization where it is at and ensure the pilot year has a diverse range. There is a much greater possibility of impact if organizations are committed to this work.*

16. Who are the two people from your organization that would be main participants of the program? What are their roles in your organization, and why were they selected?

*\*It is important that there are two people in your organization who are willing to commit to doing this work together over the course of the year. We understand that there are many organizational structures, for some organizations it will make the most sense to have a staff and board member, for others it may be a contractor and staff member.*

17. What steps will be taken to ensure the learnings and recommendations from the participants will be shared with the rest of your organization in order to move the organization forward?

*\*It is important that organizations have given some forethought to the possible ways the work from this program can be implemented into their organization. We will support by providing resources and guidance as needed.*

## Access Needs

18. If known, please share any access needs that either of your two proposed participants from your organization have to ensure their full participation. (e.g. ASL interpretation, captions for meetings, etc.)

## Equity Considerations

19. Is equity specifically mandated in your organization's mission? *\* We are asking if equity or access is the primary focus of your organization. An example of this would be an organization that specifically serves the Deaf community. We are asking this because we will be prioritizing organizations that are equity mandated in our rubric for selection for our pilot year.*
  
20. Do either of the people in your organization who will be the primary participants in this program self-identify as belonging to a group that has been historically marginalized? *\*For this program, we are defining historically marginalized groups as those who have systematically been denied access to resources in our sector. learn more We are asking this because we will be prioritizing selecting organizations whose participants self-identify as belonging to historically marginalized groups.*

## Financial Consideration

*Please note: Your answers in this section will not influence your entry into the program, they serve as a reflection point. If you are selected, this will help the program coordinators determine the budget for the pilot year.*

There is historic inequity in our sector. We recognize there is a sector-wide need for operational funding and that only a handful of organizations receive it. There are many organizations that are volunteer-run or are only able to offer precariously paid positions; for them, participation in professional development is out of reach.

One way to move learning into action is to begin to reflect on your position within a system and take action to actively work towards acknowledging privilege and need.

This program provides professional development opportunities, a learning community, a tailored plan for your organization, and one-on-one support for an entire year. The cost of this program has been offset with funding from the BC Arts Council. In our own internal reflection we realized that providing equal stipends or charging the same amount to each organization regardless of size or budget perpetuated the systemic inequalities of our sector by enacting equal rather than equitable practices.

Instead, we are using a model of community care to determine cost to organizations and stipends provided for this program.

### **Please reflect on these questions:**

- Does your organization receive operational funding annually?
- Is that operational funding more than \$10,000?
- Are your staff paid a living wage?
- Do your staff do a lot of unpaid labor?
- If you are volunteer-run, are your volunteers in stable career and living situations?
- Do the majority of your staff have health benefits?
- Do the majority of our staff/board have housing security?
- Could you spend \$1,200 without significant consequences to your organization's financial position?

After reflection, please let us know which of these categories you fall into. Again, this will not affect your eligibility or chances of being selected for this program. Your response does not commit your organization to this fee or guarantee a stipend.

### 21. If selected to participate (select one)

- a. We could contribute to support the community care model (\$100 - \$2,000)
- b. We would need to receive additional funds to pay our two participants; we can't participate without it.
- c. Although we would still participate without receiving funds, financial support would be appreciated.
- d. We don't need funds to participate and cannot contribute to the community care model.

21. **(conditional, if selected A)** - How much could you contribute? (select one)

- |            |            |
|------------|------------|
| a. \$100   | f. \$1,250 |
| b. \$250   | g. \$1,500 |
| c. \$500   | h. \$1,750 |
| d. \$750   | i. \$2,000 |
| e. \$1,000 |            |

23. **(conditional, if selected B)** - If funds are available, what is the minimum amount your organization would need in order to participate in the program? (select one)

- |            |            |
|------------|------------|
| a. \$500   | f. \$1,750 |
| b. \$750   | g. \$2,000 |
| c. \$1,000 | h. \$2,250 |
| d. \$1,250 | i. \$2,500 |
| e. \$1,500 |            |

## Program Logistics and Terms

24. If selected to participate in Pathways, which program start date would you prefer for your organization? (select one)

*\*Note: We cannot guarantee the preferred start date but will take it into consideration.*

- a. Fall 2023 (September / October)
- b. Winter 2024 (January / February)
- c. Either option is ok

25. Please check the box to confirm you have read and understand the program guidelines and terms, including:

- a. Must have two individuals committed to a minimum of approximately 60 hours over the course of 12 months (averaging 5 hours per month per person)
- b. Must follow the program's code of conduct (will be provided when an invitation is made)
- c. As a pilot project, the program will be shaped and adjusted throughout the year with participants. We ask participants to offer feedback and notes to help us learn through this process as well.

I have read and understand the program guidelines and terms.