



Application for September 2025 Full Program

Step One: Organization details and first participant's reflections

Application Closing Date: July 15, 2025

[Pathways](#) has been developed by a collaborative community of organizations and our networks that include Arts BC, BC Museums Association, Greater Vancouver Professional Theatre Alliance, and the Rural Arts Inclusion Lab. The Pathways project is a partnership between this community and the BC Arts Council, and is funded by Vancouver Foundation.

To learn more about the program, its values, and process, visit

<https://manypathways.ca/overview>

Questions about the program can be directed to info@manypathways.ca.

What to expect with the application process

- **STEP ONE:** The first person who is intending to participate from your organization will complete this form which asks basic information about your organization, along with the name, position, and email for both individuals. They will also be asked to respond to questions about their own understanding and contexts related to equity and access work, and to share their goals for participating in the program.
 - *Note: The first step must be completed by one of the two proposed individuals from the organization.*
- **STEP TWO:** The second person will be asked to fill out a separate form to share their understanding and contexts related to equity and access work, along with their goals for participating in the program.
- Shortlisted organizations will be invited to schedule a 30-minute discovery meeting which will include both participants and a member of the Pathways management team in June or July.

Please note:

- This application is only for organizations interested in starting the program in September 2025.
- *Confidentiality* - Your responses within the application are for the Pathways leadership and program guides to better understand how we can support your individual needs, if invited into the program.
- *"Participant"* - We use the term "participant" broadly to refer both to the participating organization and participating individuals, with the understanding that they may overlap or diverge at different times.
- *A program to support, not assess* - For clarity, the Pathways program is intended to support participants on their learning journey; not to assess or judge participants regardless of where they are at on their learning journey.

All questions with an asterisk require a response.*

Applicant Details

Q1 Legal Name of your Organization or Collective*

Q2 "Doing Business As" Name of your Organization or Collective*

Q3 Your Name*

Q4 Your Pronouns

Q5 Your role, title, or relationship with the organization*

Q6 Your email*

Q7 Your phone

About Your Organization

Q8 Your Organization's Website URL

Q9 Your Organization's Mailing Address

Street Address

City

Province

Postal Code

Q10 Which discipline(s) does your organization primarily (more than 50% of the time) work in, work with, or represent? (select all that apply)*

- ☐ Circus Arts
- ☐ Community Arts
- ☐ Craft Arts
- ☐ Cultural Centre
- ☐ Dance
- ☐ Gallery
- ☐ Festival
- ☐ Indigenous Arts
- ☐ Interdisciplinary
- ☐ Literary
- ☐ Media Arts/Film
- ☐ Multidisciplinary
- ☐ Museums & Heritage
- ☐ Music
- ☐ Theatre
- ☐ Visual Arts
- ☐ Other

Q11 What is your anticipated average annual budget for the next few years?*

- ☐ Under \$10k
- ☐ \$10k - \$25k
- ☐ \$25k - \$50k
- ☐ \$50k - \$100k
- ☐ \$100k - \$200k
- ☐ \$200k - \$500k
- ☐ \$500k - \$750k
- ☐ \$750k - \$1M
- ☐ \$1M - \$2.5M
- ☐ \$2.5M - \$5M
- ☐ Over \$5M

Q12 Approximately how many people will work with your organization over the next 12 months? Leave blank if zero.

Full-time staff (paid)

Part-time staff (paid)

Casual staff (paid)

Seasonal staff (paid)

Contractors (paid)

Volunteers who fill staff positions (not for a specific event)

Board members

Q13 Sometimes it is difficult to capture the nuances of what is happening with staffing in numbers alone. If there is anything about your organization's staff capacity or structure that might impact your participation in the program, please share. (optional)

Program Participants

Q14 Has your organization participated in the Pathways program in the past?*

- ☐ Yes
- ☐ No
- ☐ Unsure

If you select "Yes", go to Q14A.

If you select "No" or "Unsure", go to Q15.

Q14A Why is your organization interested in participating in the Full program again? What are you hoping to gain from another year of participation?*

Q15 What level of support do you have from the organization to participate in the program?*

With the support of the organization as a whole, we have learned that participants are better positioned to undertake this work and successfully integrate what is learned through Pathways into the organization.

- ☐ Strong support
- ☐ Mostly supportive
- ☐ Somewhat supportive
- ☐ A little support
- ☐ No support

If you responded “mostly supportive”, “somewhat supportive”, go to Q16

If you responded “somewhat supportive”, “a little support”, or “no support”, go to Q15A

Q15A Briefly share why you responded with the selected indicator in the previous question*

Proposed Participants

**It is important that there are two people in your organization who are committed 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. Change can come from a lot of different places - consider who can best influence the desired change in your organization.*

Q16 Do you have the two individuals confirmed to participate on behalf of your organization?*

- ☐ Yes! Both are confirmed
- ☐ No. We only have ONE confirmed

If you responded yes, go to Q16A.
If you responded "No", go to Q16B.

Q16A If "Yes! Both are confirmed" is selected

Participant 2: Name

First Name*

Last Name*

Participant 2: Role or Title in your organization*

Participant 2: Email*

Briefly describe why the participants listed were selected by your organization.*

Q16B - If "No. We only have ONE confirmed" is selected

- Briefly describe why you are unable to confirm two participants from your organization at this time.*
- Briefly describe why the participant listed were selected by your organization.*

Community Care Program

Please note: Your answers in this section will not influence your application review for the program.

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 and Vancouver Foundation. 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 your 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.

Q17 If selected to participate...*

- ☐ We could contribute funds to the community care program to support the participation of others (\$100 - \$2,500).
- ☐ We request community care funds to support our organization's ability to participate.
- ☐ We don't need funds to participate and cannot contribute to the community care model.

If you select "contribute", go to Q17A.

If you select "request", go to Q17B.

If you select "don't need", go to Q18

Q17A If "We could contribute" is selected

Please Note: If accepted into Pathways, organizations will receive an invoice for their contribution at the time of acceptance.

How much will you contribute?*

- ☐ Unsure at this point
- ☐ \$100
- ☐ \$250
- ☐ \$500
- ☐ \$750
- ☐ \$1,000
- ☐ \$1,250
- ☐ \$1,500
- ☐ \$1,750
- ☐ \$2,000
- ☐ \$2,500

Q17B If “We request community care funds” is selected*

Please note: If your organization’s request for community care funds is approved, a confirmation email will be sent in the second month of the program (November), after participants have engaged with their Guide.

If funds are available, we would like to request:

- ☐ \$250
- ☐ \$500
- ☐ \$750
- ☐ \$1,000
- ☐ \$1,250
- ☐ \$1,500
- ☐ \$1,750
- ☐ \$2,000
- ☐ \$2,250
- ☐ \$2,500

Individual Reflections: Getting to Know You

Q18 What brings you to Pathways? What are you and your organization hoping to achieve through a program like this?*

We have found that identifying and understanding the “why” contributes to a successful Pathways experience. For some this may be external factors such as feeling pressure from funders or the community, for others it may be more personal or internal to the organization such as new leadership or strategic focus. (Maximum of 150 words, no minimum)

Q19 What are you building from? What are the strengths, resources, and/or groundwork that will contribute to your organization's ability to integrate what you learn through Pathways?*

We recognize that every participant is at a different place in their equity and access work. Pathways seeks to meet each participant where they are. The goal of this question is to gain an understanding of the resources you have available to dedicate to this work, not to assess your progress. (Maximum of 150 words, no minimum)

Q20 What tensions exist, if any, within your organization or community around equity and access (or otherwise) that could impede the implementation of change? Knowing this information will help us know how and if the Pathways program might be able to offer support.*

Please note: Pathways would not be the right fit for organizations that are currently working through human resource-related conflicts that would impede the ability for the two participants to work together, or for the participants to be supported to share their learnings and embed practices within the organization. (Maximum of 150 words, no minimum)

Any information shared with Pathways is kept in confidence.

Q21 In your own words, describe the communities your organization serves. Are there communities that you wish to serve better?* (Maximum of 150 words, no minimum)

Q22 (Optional) What lived experiences do you have that inform your interests, commitment, and practices related to equity and access?

Share as little or as much as you feel comfortable. Lived experiences may include but not limited to identifying as Indigenous, Black, racialized, Deaf, blind or low vision, living with a disability, using an assistive device, 2SLGBTQAI+, part of a historically marginalized or under-represented community within the Canadian context. (Maximum of 100 words, no minimum)

Q23 (Optional) Please share any access needs you have that would better support your full participation in the program (eg. ASL interpretation, captions for online meetings, time of day when meetings take place) (Maximum of 100 words, no minimum)

Logistical Considerations

Q24 What times generally work well for you and your learning partner to participate together in meetings? (select all that apply) *

- ☐ Morning: Before 9:00 am
- ☐ Morning: 9:00 am-12:00 pm
- ☐ Lunch Time: 11:00 am-1:00 pm
- ☐ Afternoon: 1:00 pm-5:00 pm
- ☐ Evening: After 5:00 pm

Q25 What days of the week generally work well for you and your learning partner to participate together in meetings? (select all that apply) *

- ☐ Mondays
- ☐ Tuesdays
- ☐ Wednesdays
- ☐ Thursdays
- ☐ Fridays
- ☐ Weekends

Q26 (Optional) Please offer any additional context or details about your availability (eg. "I pick up kids at 3:00 pm Mon-Wed") that would help us with our Guide-matching process. (Maximum of 100 words, no minimum)

Confirm the following statement

Q27 I confirm that the information included on this form is true and complete and that I consent to being added to the Pathways mailing list in order to be notified of Pathways programming and activities

☐ Yes

☐ No

Submit your Application

Please submit your completed application to info@manypathways.ca

Please ensure that the second participant completes Step Two within three business days.

Shortlisted organizations will be invited to schedule a 30-minute discovery meeting which will include both of your organization's participants and a member of the Pathways management team in June or July.

If you have any questions, please contact the Pathways program at info@manypathways.ca