

DO NOT STAPLE



**ARTS  
CATALYST PROGRAM  
APPLICATION FORM: Learning Connections  
Deadline: June 16, 2008 by 5 p.m.**

*(See the Catalyst Guide to Filling Out the Application Form and Catalyst Program Guidelines)*

**Applicant Details**

Lead Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Name of Workshop/Residency Leader: \_\_\_\_\_

Project Title: \_\_\_\_\_

Summary of project: (Max. 50 words)

Start Date: \_\_\_\_\_ (d/m/y) End Date: \_\_\_\_\_ (d/m/y)

Cost of Project: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Last Operating Budget: \_\_\_\_\_

Have you ever applied to 2010 Legacies Now?  Yes  No  
If Yes, for this project?  Yes  No If Yes, were you successful?  Yes  No

Lead Organization: (select one)

Arts, Cultural, Heritage Organization or Association Society #: \_\_\_\_\_

Arts Service Organization

Post-Secondary Institution (eligible if in partnership with arts, cultural or heritage organizations)

Other participating organization(s) (list all)

---

---

## Organization Background

What is your organization's mission/mandate? Please provide a brief history of your organization and its role in your community. If applicable, please also concisely list the programs/projects that you have undertaken in the past two/three years. (Max. 500 words)

- Please provide a brief background for each participating organization.

## Description of Project

**Describe the project as clearly as possible.**

*Please consider the following information when answering this section. (Max. 500 words)*

- How does the project connect the organizations and/or their members to skills and knowledge through partnerships and collective activities?
- If funding is requested for one phase of a larger project, focus on the phase that you are requesting support for in your description. Please provide contextual information on the larger project.
- In carrying out the project, do the organizations face any challenges that are specific to the community in which you operate?

**What need or opportunity have you identified that the project will address?**

*Please consider the following questions when answering this section. (Max. 500 words)*

- Explain how the project is outside the ongoing programs and operations of the lead applicant and participating organizations.
- Why and how is it crucial to the development of the organizations involved and/or their members?
- What evidence/rationale do you have for identifying this need or opportunity?
- How will the project address the identified need or opportunity?

**How will the project change the organizations for the better in the short and long term?**

*Please consider the following questions when answering this section. (Max. 500 words)*

- What is your goal upon completion of the project?
- What knowledge and skills will the organizations acquire to improve their or their members' artistic and/or organizational capacity?
- Will the project engage with communities currently underserved? If so, how and why?
- How will you maintain the outcomes from the project? Your application will be assessed on the project's ability to carry forward the results in the long term.

**Identified Workshop/Residency Leader**

**Provide the background(s) of the identified workshop/residency leader(s) and the key organizational staff/volunteers s/he will be working with.**

*Please consider the following questions when answering this section. (Max. 500 words)*

- Why is this person most suitable for the role?
- Please include the resumé of the identified leader. If the leader has not yet been chosen, provide details of the process for selection and the key criteria needed in the leader.

**Workplan/Timeline**

**What work has been done to date to prepare for the project?** (Max. 250 words)

- Funding cannot be provided for any activities that are listed in this section.

For example:

Date	Activity and Description

**Provide a complete timeline and workplan for the project that includes key milestone dates, the activity, and those responsible for the activity. (Max. 1 page)**

- The achievability and strength of the workplan will be an important part of the application's assessment.
- Funding cannot be provided retroactively. Activity funded by 2010 Legacies Now for the June 16, 2008 deadline cannot begin before October 2008.

For example:

Key milestone dates	Activity	Who's Responsible for Activity

## Evaluation

**What will constitute success for the participating organizations as a result of this project? How will you measure the outcomes of the project for the organizations involved?**

*Please consider the following information when answering this section. (Max. 500 words)*

- We encourage both quantitative and qualitative measures.
- Long and short-term measures must be considered.

For example:

Success Measures	Evaluation Methods
5 workshops with a minimum attendance of 25 people	Post workshop surveys
Formation of a peer support network on succession planning	Number of succession plans in place in one year
Increased earned revenue for 10 of the 25 special needs artists engaged in the project over a one-year period.	Comparative sales records

### Budget

Please complete the attached budget form.

- Contributions will range between \$3,000 - \$30,000
- Funding requested for Learning Connections can be no more than 50% of the overall cost of the project
- In-kind contributions can be up to a maximum of 25% of the overall cost of the project
- Please provide notes to the budget to explain how amounts were determined
- Indicate whether revenue from other sources is confirmed or pending

### Support Materials

Do not include visual support material (books, CDs, DVDs) with your application; they will not be returned.

Ensure you include:

- Certificate of incorporation (REQUIRED, if applicable)
- Last annual report, including financial statements for the lead organization (audited where available) (REQUIRED, unless a new organization)
- A completed Budget Form (REQUIRED)
- Any letters of agreement between participating organizations/individuals
- Any reports or studies undertaken to date that have helped the organization prepare for the project
- Any quotes or funding confirmation letters to back-up budget numbers
- Letters of support for the project from participating organizations
- Resumé for the workshop/residency leader(s).

### How to Apply

**Application Deadline: June 16, 2008, by 5 p.m.**

1. Read the *Catalyst Program Guidelines*
2. Contact 2010 Legacies Now to discuss your proposal and its eligibility  
 Phone: 778-327-5160  
 Email: [artsnow@2010LegaciesNow.com](mailto:artsnow@2010LegaciesNow.com)
3. See the *Catalyst Guide to Filling Out the Application Form*
4. Complete the *Catalyst Application Form* (note that each program category has a separate application form) and provide all the supporting material.
5. Send completed application to:  
 Arts - Catalyst Program  
 2010 Legacies Now  
 #400 - 1095 West Pender Street  
 Vancouver, B.C. V6E 2M6

Please note:

- Applications need to reach the 2010 Legacies Now office by 5 p.m. on the day of the deadline - please take delivery time into consideration when

**submitting your application.**

- Faxed or emailed applications will not be accepted.
- Late applications will be returned unopened to the applicant.

<b>Declaration by the Applicant</b>
-------------------------------------

We certify that:

1. To the best of our knowledge all the information contained in this application and the attachments is true and complete.
2. By applying to 2010 Legacies Now we agree that 2010 Legacies Now is able to publish our organization's name as an applicant.
3. If successful, within two months of the project being complete we will send a report outlining the results to 2010 Legacies Now. All or portions of the results may be released publicly by 2010 Legacies Now.
4. If successful, the financial records of this project will be available for audit and on site inspection by 2010 Legacies Now or its designate.
5. If successful 2010 Legacies Now will be given appropriate recognition as a funding partner as per the Guidelines that will be provided in the Contribution Agreement.

Two authorized members of the applying organization must sign the application. **Unsigned applications and those with digital signatures will not be considered and will be returned.**

Name (please print): \_\_\_\_\_ Name (please print): \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_