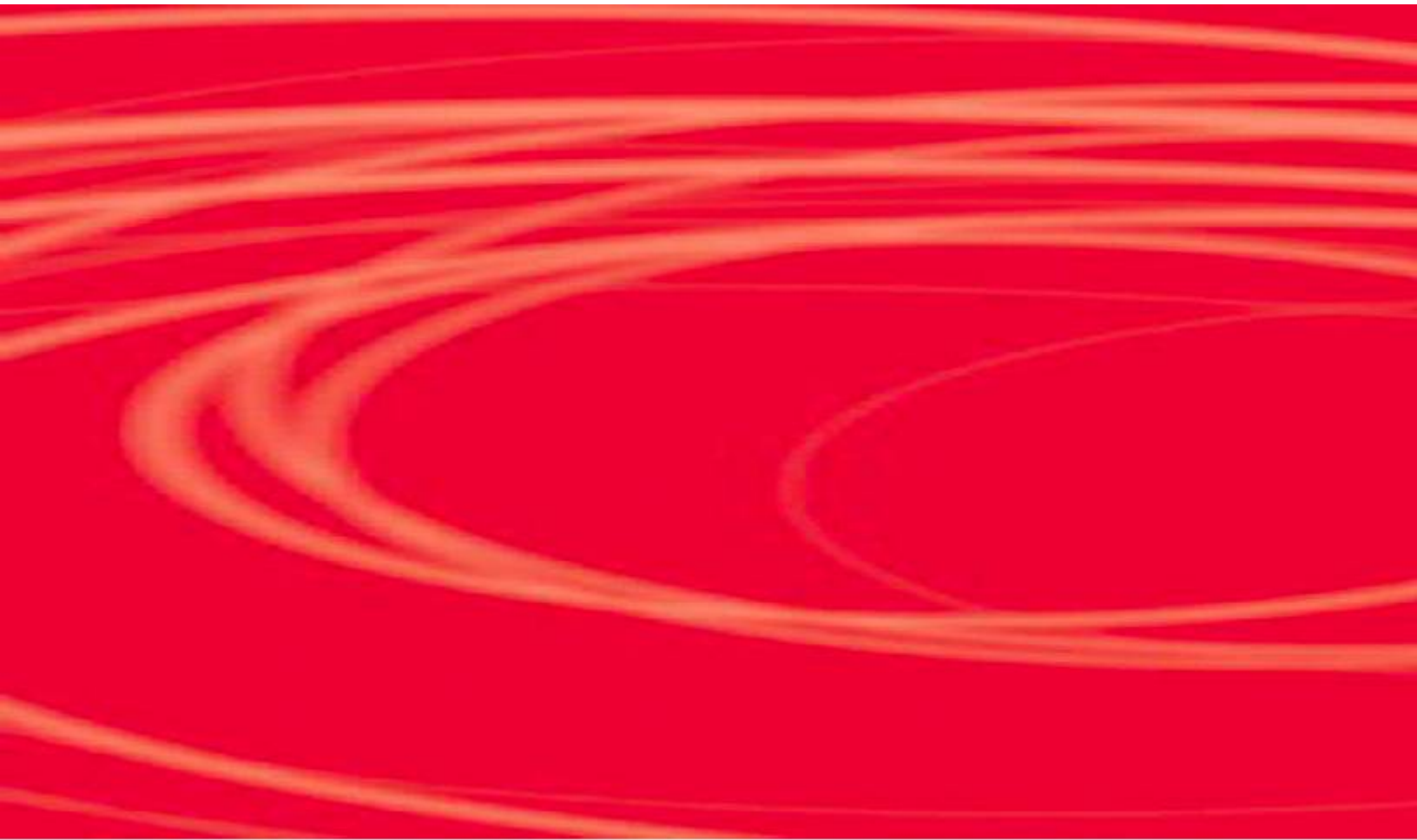


# INCUBATOR RESIDENCY APPLICATION



## Application Checklist

If you have any questions, please contact CuDC at 202.315.1321.

Please provide one (1) unbound original (with original signature) and five (5) unbound unstapled copies of all the following materials (except the Strategic Plan) in the following order:

- Application Checklist (this sheet)
- Application Cover Sheet
- Mission Statement and Organizational Overview (max. 200 words)
- Application Narrative (max. 5 pages)

Required Attachments (*Full-time, Part-time and Virtual Residency Applicants*):

- Attachment 1: Authorization Form, signed by CEO/Executive Director/Managing Director and Board Chair
- Attachment 2: Application Budget
- Attachment 3: Documentation from the Internal Revenue Service that reflects the applicant's tax exempt status and/or Articles of Incorporation (as applicable)
- Attachment 4: Resumes for at least one (1) principal organizational leader (can be paid and/or volunteer)

Required Attachments (*Full-time and Part-time Residency Applicants only*)

- Attachment 5: Current list of advisors (e.g. board, investors) with affiliations
- Attachment 6: Two (2) letters of support from funders, investors, participants and/or programming partners
- Attachment 7: Program Samples
  - Visual Arts – Submit ten (10) slides of different work exhibited (each should be labeled). Include five (5) copies of a slide identification sheet listing the organization name, artist name, title, medium, size and date of each work.
  - Dance – Submit up to two (2) videotapes of performances.
  - Media (Film/Video) – Submit up to two (2) tapes of completed works or works-in-progress, and five (5) copies of a 1-page treatment of each work.
  - Theater – Submit five (5) copies of up to three (3) representational programs or playbills and five (5) copies of up to ten (10) performance images, either printed or on DVD.
  - Literature – Submit five (5) copies of up to five (5) works. If providing excerpts, provide synopsis.
  - Music – Submit five (5) copies of up to five (5) works totaling no more than eight (8) minutes.

Other:

- Strategic Plan (if available) – only one (1) copy is necessary.
- Up to two (2) reviews of organization/business' programs and/or services from a newspaper, magazine or online source.

**PLEASE SUBMIT COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION TO:**

**Flashpoint Incubator Residency Program**  
Cultural Development Corporation  
916 G Street, NW  
Washington, DC 20001

## Application Cover Sheet

### I. APPLICANT INFORMATION

Date: \_\_\_\_\_  
 Organization Name: \_\_\_\_\_  
 Organization Legal Name (if different): \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ Zip: \_\_\_\_\_ Ward #: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Official Phone: (\_\_\_\_) - \_\_\_\_\_ ext: \_\_\_\_\_ Official Fax: (\_\_\_\_) - \_\_\_\_\_  
 Organization E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_  
 Alternate Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: (\_\_\_\_) - \_\_\_\_\_ ext: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Board Chair: \_\_\_\_\_  
 Key Administrative Staff Person: \_\_\_\_\_

### II. RESIDENCY OPTIONS

#### Applying as: (please check one)

- Arts Organization  
 Creative Business

#### Optional

- I would also like to be considered for residency at Source.

#### Applying for: (please check one)

- Full-time Residency  
 Part-time Residency  
 Virtual Residency

For more information on residency options, please see the residency webpage.

### III. MISSION STATEMENT AND ORGANIZATIONAL OVERVIEW (max. 200 words) Please attach separate sheet.

### IV. ORGANIZATION/COMPANY AT A GLANCE

(last fiscal year)

(current fiscal year)

	(____ - ____)	(____ - ____)
A. Annual Operating Budget	_____	_____
B. Total Paid Administrative Staff	_____	_____
C. Total Paid Artistic Staff	_____	_____
D. Number of Advisors (Board, investors, etc.)	_____	_____
E. Number of Self-Produced Activities (Performances, exhibitions, classes, etc.)	_____	_____
F. Total Attendance at Self-Produced Activities	_____	_____

### V. ADDITIONAL INFORMATION<sup>1</sup>

Is the presenting entity's leadership or exhibitor a minority, female or disadvantaged person? If so, please describe:  
 \_\_\_\_\_

Does the individual/organization serve a minority or underserved population? If so, please describe, including ward or jurisdiction:  
 \_\_\_\_\_

Does the individual/organization provide services to low or moderate-income families? If so, please describe, including ward or jurisdiction:  
 \_\_\_\_\_

How did you find out about the Incubator Residency program at Flashpoint?

- Blog/Facebook     DCArtists     Past or current resident organization (name): \_\_\_\_\_  
 Website     Visited Flashpoint     Word of Mouth     Other \_\_\_\_\_

<sup>1</sup> This information is required by funders of the incubator and will not affect eligibility.

## Application Narrative

Please address the following questions as appropriate. Please be clear and concise. The narrative should be no more than three (3) single-spaced pages, minimum 12-point font.

### 1. **NEEDS STATEMENT**

Why do you want to participate in the Flashpoint incubator residency program? What are the greatest organizational challenges currently faced by your organization/company? How will participation in the residency program advance your organizational/corporate development?

### 2. **ADVISOR INVOLVEMENT**

How have you ensured that your advisors (e.g. board, investors) understand the commitment involved in participation in the Flashpoint incubator residency program? What will be the advisors' involvement in meeting this commitment?

### 3. **STAFFING**

List your current paid staff positions (administrative and artistic), status (part-time, full-time, consultant) and salaries. How many workstations will you need to accommodate the organization's staff? In the next three years, what changes do you anticipate to your staffing levels? How will these changes be funded?

### 4. **FACILITY INFORMATION**

Describe your organization's current facility situation in terms of office space and performance/exhibition space. How much rent do you pay and what are the terms of your lease? What challenges might accompany a transition to Flashpoint?

### 5. **ARTISTIC GOALS**

Provide a brief statement regarding the artistic goals of your organization/company. Please describe your artistic vision for the organization/company as it stands now and how you would like to see the organization/company evolve artistically in the next three to five years.

### 6. **GRADUATION**

Residency at Flashpoint is intended to be a temporary transitional program to provide support until an organization/company can support itself in a facility outside of the incubator. What milestones will be set to determine your organization/company's readiness to relocate? How many years do you think it will take to achieve those milestones?

## Attachment I: Authorization Form

Flashpoint assists small, emerging arts and cultural organizations and businesses to develop the administrative infrastructure and financial capacity necessary to transition into more permanent facilities. A certain level of time commitment is required of those who wish to become resident organizations of the arts incubator. The extent of this commitment will be determined with each organization/business upon acceptance into the program.

I, CEO/Executive Director/Artistic Director/Managing Director of \_\_\_\_\_, certify that the Board of Directors has discussed the organization/company's submission of this application to Cultural Development Corporation's Flashpoint arts incubator program (at a meeting on \_\_\_\_\_) and that the advisors have authorized and approved the following mandatory organizational responsibilities as a participant of the program:

- o Pay the monthly participation fee over term of agreement<sup>2</sup>;
- o Provide accountant-prepared financial statements at the end of each year of residency;
- o Develop and maintain an active annual strategic work plan that incorporates development objectives;
- o Submit a projected organizational budget annually;
- o Participate with advisors (e.g. board, investors) in organizational development workshops<sup>3</sup>;
- o Attend community-building events and participate in business center workshops;
- o Maintain staff in the Flashpoint business center at least 20 hours during the work week (Full-time residents only); and

I certify that the application information is true and complete to the best of my knowledge.

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CEO/Executive Director/Managing Director's Name

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Signature

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Date

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Board Chairperson/President's Name (optional for for-profit companies)

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Signature

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Date

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<sup>2</sup> The fee is \$510 per workstation (subject to change).

<sup>3</sup> Development objectives may include goals for establishing plans in the following areas: financial management, marketing/public relations, board development, strategic planning, fundraising and administration.

## Attachment 2: Application Budget

The application budget follows the Washington Regional Association of Grantmakers format ([www.washingtongrantmakers.org](http://www.washingtongrantmakers.org)). Please submit the following information for the previous year's, current year's and projected year's revenue and expenses.

**FISCAL YEAR Revenue:** Include a description and total amount for each category that is relevant to your organization/company. Skip categories where you have no revenue. For each category, list specific amounts requested of foundations, corporations and other funding sources for this proposal, as well as the status of those requests (pending or committed). For pending requests, please indicate the date when you will be notified (e.g., XYZ Fund: \$10,000 pending—notification date is June 2006).

- **Grants and Contracts**
  - Local government
  - State government
  - Federal government
  - Foundations
  - Corporations
  - United Way/Combined Federal Campaign and other federated campaigns
  - Individual donors
  - Other (specify)
- **Earned Revenue**
  - Events
  - Publications and products
  - Fees
  - Other (specify)
- **Other Revenue**
  - Membership
  - Investments
  - Other (specify)
- **In-kind Support** (e.g. donated goods, services, equipment, non-cash items, volunteer hours)
- **Other** (specify)
- **Total Revenue**

**FISCAL YEAR Expenses:** Include the total amount for each category that is relevant to your organization/company. Skip categories where you have no expenses.

- **Salaries** (specify total salary budget, number of positions and whether full- or part-time)
- **Payroll taxes**
- **Fringe benefits**
- **Consultants and professional fees** (itemize type(s) of consultant(s) and fees)
- **Travel**
- **Equipment**
- **Supplies**
- **Printing and copying**
- **Telephone and fax**
- **Postage and delivery**
- **Rent and utilities**
- **Maintenance**
- **Evaluation**
- **Other**
  - Royalties
  - Property taxes
  - Sales Tax
  - Insurance
  - Other (specify)
- **Total Expenses**