Microgrant Application

*Gobioff Foundation*

*Contact us at* [*grants@gobioff-foundation.org*](mailto:grants@gobioff-foundation.org) *with any questions.*

\*Indicates a required field

# Applicant Demographic Information

This section of the Application is requesting information about you, the applicant. We are collecting this information to understand what aspects of humanity the applicants represent. The information will assist with reaching equity in relation to future applicant recruitment.

This information **will NOT influence the decision about funding.** Notably, this information will not be shared with the panel of people making the decision about funding this project. The **information will remain confidential** and is required for the application to be considered complete.

## Age\*

What is your age?

### Choices

Under 18 years

19-30 years

31-40 years

41-50 years

51 or more

Prefer not to say

## Student Status\*

Are you currently (or will be at the start of the project implementation) a student?

### Choices

Yes, K-12

Yes, Undergraduate Yes, Graduate

Yes, Trade School or Apprenticeship

No

## Gender Identity\*

What is your gender identity?

**Choices** Woman Man

Trans/Non-Binary

Not Listed

Prefer not to say

## Sexual Orientation\*

What is your sexual orientation?

**Choices** Asexual Bisexual Gay

Heterosexual or Straight

Lesbian

Pansexual Queer Not Listed

Prefer not to say

## Ethnicity\*

What is your ethnic identity? (select all that apply)

**Choices** African Asian European

Latin(o/a/x)/Hispanic Middle Eastern

Native American/First Nations/Indigenous Pacific Islander

Not Listed

Prefer not to say

## Race\*

What is your racial identity? (select all that apply)

### Choices

Black

Person of Color (who is not racially black)

White

Not Listed

Prefer not to say

## Disability or Differently-abled\*

Are you a person living with a disability or someone who is differently-abled?

### Choices

No Yes

Prefer not to say

# Project Information

This section requests information about the project. This is your opportunity to provide details regarding your project. The project must be **new**. Specifically, the grant funds must be used in some way towards a new public display/performance/exhibition/etc. (a project where the public has access to an event that has not started yet)

## Project Name\*

Name of Project.

*Character Limit: 100*

## Type of Art\*

Please select **one** category of art that best represents your project.

### Choices

Visual (Painting, Drawing, Sculpting, Ceramics, Textiles, Printmaking, Film Making, Photography)

Performance (Dance, Music, Theater)

Creative Writing (Fiction, Drama, Poetry, Prose)

Assemblage

Installation

## Date\*

Please select the date you expect to start the project. In other words, the date that the project will begin to be available to the public. Note: The project is expected to start within six months of the notification of funding for this Cycle of the Microgrant program. Each cycle has a range of eligible dates for the project. **Be sure you're applying during the correct cycle.** Details about the dates can be found at [www.gobioff-foundation.org/microgrants/](https://www.gobioff-foundation.org/microgrants/)

*Character Limit: 10*

## Location1\*

Please provide the name and a physical address (not a region) for the location where the project will occur. If the project is spanning an area or multiple spaces, please enter the location where the project will begin.

For example: Gallery XYZ, 123 Main St., Tampa, FL 33601 is acceptable. Starts at Park XYZ, 123 Main St. and travels North is also acceptable. But "In the Sulphur Springs neighborhood" is not acceptable.

Reminder: This funding is for projects within Hillsborough County, FL or Pinellas County, FL.

*Character Limit: 250*

## Location1: Likelihood\*

How likely is it that the project will occur at location1 provided?

### Choices

Very Likely (location is aware of project, interested, and put event on their calendar)

Somewhat Likely (location is aware of project and interested but hasn't put event on their calendar)

Less Likely (location is not aware of project)

## Location2

**If you indicated "Somewhat Likely" or "Less Likely" for Location1**, Please provide the name and a physical address (not a region) for a second location where the project might occur. If the project is spanning an area or multiple spaces, please enter the location where the project will begin.

For example: Gallery XYZ, 123 Main St., Tampa, FL 33601 is acceptable. Starts at Park XYZ, 123 Main st. and travels North is also acceptable. But "In the Sulphur Springs neighborhood" is not acceptable.

Reminder: This funding is for projects within Hillsborough County, FL or Pinellas County, FL.

*Character Limit: 250*

## Location2: Likelihood

How likely is it that the project will occur at location2 provided?

### Choices

Very Likely (location is aware of project, interested, and put event on their calendar)

Somewhat Likely (location is aware of project, interested, but hasn't put it on their calendar)

Less Likely (location is not aware of project)

## Short Description\*

Use this space to give a one sentence description of the project.

*Character Limit: 250*

## Description\*

Please describe the project. At a minimum we would like to know:

* What is the art that you will you be presenting?
  + Describe what you have created or will create and how it is unique/interesting/ambitious within the Tampa region and beyond.
* In what way will the public interact with or view the art?
  + Describe the setting and what will happen at the event(s).
* Who do you expect to participate or attend the project?
  + Describe the audience you hope to attract to your event with details such as quantity and demographics (Could include: age, student/non-student, gender, race, ethnicity, sexual orientation, local/non-local, etc.). This is your projection based on marketing, event location, artist affiliations (such as schools, community involvement, networks, social media, employment), etc.

*Character Limit: 3500*

## Description (Optional Video)

Please provide a link (and password if necessary) to a **three** minute video. The content of this video is up to you. It's your opportunity to highlight what you think are the most important things **about the project** in whatever way you choose. The quality of the video will **NOT** be judged, just the information will be evaluated. Cell phone video of your passion and excitement about the project is just fine!

* This video can be hosted on any site such as YouTube, Vimeo, Facebook, or any provider with which you are familiar.
* It is your responsibility to verify that the video works. There will be no follow up to confirm availability of the video. Make sure the link works!
* Reviewers will only look at the first **THREE** minutes of any video.

*Character Limit: 2000*

## Video Password

If needed, please enter the password for the video linked to above.

*Character Limit: 250*

## Artist Information\*

Please provide information about your artistic background, experience, and related education, etc. This should include information that you think will assist us in knowing who you are as an artist.

*Character Limit: 2500*

## Artist Work\*

Please provide example(s) of your previous work. Choose how you would like to share the example(s).

**Choices**

Upload a file Provide a link

# Artist Work (Upload)

## Artist Work Example(s)\*

Please upload a file (jpg, png, gif, pdf, mp4, wav, mov, m4a, flac, mp3, aac, wma, wmv, avi, mkv) that shows us some of your existing or previous work.

*File Size Limit: 5 MB*

# OR

# Artist Work (Link)

## Artist Work Example(s)\*

Please provide a link to the work sample you would like to share. If linking to your web page, please provide a link directly to the work and not just to your entire website.

*Character Limit: 2000*

## Artist Work Example(s): Password for Link

If the example linked to above requires a password, please provide it here.

*Character Limit: 50*

# Resources

This section requests information about any resources you are working with and seeking to make the project happen. Many applicants will not have responses for all of these items because they don't relate to their project. Please complete the questions in this section that relate to your project.

## Partners and Collaborators

Please list any partners or collaborators involved in this project **and** what they will be doing for this project.

*Character Limit: 900*

## Gobioff Microgrant Funds\*

Identify the amount of funding you are requesting. The maximum amount of money provided by the Microgrant program is $500. How much money is your project requesting?

*Character Limit: 20*

## Other Funds

Are you seeking or have you already received money from other sources? If you are getting or hoping to get additional funding, please provide those details. What are those sources? How much are you receiving?

*Character Limit: 500*

## Other Resources (non-funds/non-partners)

What resources do you already have or have you already acquired? What are the resources that you are providing? You should list out those things that you don't need to buy and don't need to get from someone else.

*Character Limit: 900*

## Budget\*

Please explain how you plan on spending the money. Here is a template to guide your answer - the **template is available in** [**pdf**](http://www.gobioff-foundation.org/resources/microgrant/App.BudgetQuestionTemplate.pdf) **or** [**xlsx.**](http://www.gobioff-foundation.org/resources/microgrant/App.BudgetQuestionTemplate.xlsx)

*File Size Limit: 1 MB*