**BOSTON DANCE ALLIANCE**

**APPLICATION FOR FISCAL SPONSORSHIP**

Please fill in this application as completely as possible and return it to Carmen Rizzo, Operations and Membership Associate of Boston Dance Alliance at [crizzo@bostondancealliance.org](mailto:crizzo@bostondancealliance.org).

To participate in this program, applicant must be at least a Tier One BDA Choreographer/Artistic Director or Studio/Dance Organization member in good standing. To join click here <https://www.bostondancealliance.org/community/membership-benefits/>

Need to upgrade an existing membership? Contact [bookkeeper@bostondancealliance.org](mailto:bookkeeper@bostondancealliance.org) to use a credit card.

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name/Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[If applicable]

Name of Organization: \_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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(City) (State) (Zip Code)

Daytime Phone: ( )­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_ Evening Phone: ( )­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_

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

1. Please briefly describe the nature of your proposed project or the mission of your organization for which you are seeking financial support.

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1. How would you categorize the genre of dance that applies to your project or organization. *(Check all that apply.)*

* African
* Ballet
* Contemporary
* Modern
* Ethnic/Folk
* Hip Hop
* International Folk
* Historical/Period
* Jazz
* Latin/Salsa
* Tap
* Physically Integrated
* Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will the fiscally-sponsored project benefit underserved or underrepresented groups or individuals? If so, please describe

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1. Why are you interested in fiscal sponsorship? *(Can be a list.) [ i.e. seeking charitable donations, applying for grants, require not-for-profit status for rentals]*

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1. How did you hear about our fiscal sponsorship program?

* BDA Website
* Theater/Dance Company
* Friend
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you used fiscal sponsorship before?

* Yes
* No

1. Are you currently seeking 501 (c) (3) status/incorporation?

* Yes
* No
* Don’t know

1. Are you currently:

* Non-Profit organization
* Sole-proprietorship
* Partnership
* An unincorporated association
* None of the above
* Not Sure (If so, please describe.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you currently have the following: (Check all that apply.)

* Marketing plan
* Budget \_\_\_\_\_\_\_\_
* Promotional materials
* Board of Advisors

1. At what location(s) do you envision holding your performance/project/events?

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**The following questions are optional**

Age:

* Under 18
* 18-34
* 35-59
* 60 and over

Gender:

* Male
* Female
* Nonbinary/genderqueer

Race:

* White (non Hispanic)
* Hispanic
* Black
* American Indian
* Asian
* Mixed race
* Other

Do you or your dancers consider themselves disabled? Y/N

Do you consider yourself LGBTQ? Y/N