

Community Accelerator Grant Application Overview

ABOUT THE FUND:

ArtsFund is pleased to partner with Allen Family Philanthropies on the fourth round of funding for the Community Accelerator Grant, a \$10 million investment in Washington State's arts and culture sector. The program provides unrestricted grants to cultural organizations across Washington, prioritizing communities with less access to mainstream funding, including organizations centering BIPOC, LGBTQ+, people with disabilities, and rural communities. Awards will be unrestricted, allowing recipient organizations to utilize funding in ways that they determine and prioritize for highest impact. In 2026, the program's eligibility parameters have shifted to focus on nonprofits, fiscally sponsored organizations, and tribal entities with annual operating budgets of \$1 million or less, recognizing that these grants will have an outsized impact on these organizations.

HOW TO APPLY:

The application link will be posted on the [Community Accelerator Grant web page](#) at **12:00 noon on Wednesday, July 15**. The deadline to apply is **5:00 p.m. on Friday, August 21**.

Please review our Community Accelerator Grant FAQs before completing this application. Please carefully review the updated 2026 Eligibility Requirements. All organizations, including new and returning applicants, will be reviewed for eligibility in 2026. Organizations that were not eligible in previous years may be eligible in 2026, depending on circumstance. Eligibility for the grant in previous years does not guarantee eligibility in 2026.

If you have any questions regarding the content of this application, or if you need assistance completing the application, please email accelerator@artsfund.org.

To begin, please create a Simple Profile. If you have already applied for an ArtsFund grant this year, your Simple Profile may already be complete. Next, please take the Eligibility Quiz. If your organization does not meet the 2026 eligibility requirements, please do not proceed with an application.

SIMPLE PROFILE

- Name of Organization
- EIN (Employer Identification Number). If your organization does not have an EIN, type N/A.
- Date Organization Established

ELIGIBILITY QUIZ



- Is your organization based in Washington State?
Responses: Y/N
- Does one of the following statements apply to your organization?
 - My organization has 501(c)(3) status.
 - My organization is fiscally sponsored by another organization with 501(c)(3) status.
 - My organization is a state or federally recognized tribal entity.**Responses: Y/N**
- Was your organization established on or before December 31, 2022?
Responses: Y/N
- Over the last three years, has your organization had an average annual budget greater than \$25,000 and less than \$1,000,000?
Responses: Y/N
- Is the primary focus of your organization producing or supporting arts and cultural activities?
Responses: Y/N

Note: if an organization answers no to any of the above questions, they are considered ineligible.

If ineligible, you will see the following text displayed:

“Thank you for your interest. Your organization is not eligible to apply for the Community Accelerator Grant at this time.”



GENERAL INFORMATION FORM

- **General Information**

- Name of Organization
- Please select the statement that applies to your organization:
 - My organization has 501(c)(3) status.
 - My organization is fiscally sponsored by another organization with 501(c)(3) status.
 - My organization is a state or federally recognized tribal entity.
- EIN (Employer Identification Number):
- For organizations fiscally sponsored by a 501(c)(3): Please upload your organization's signed fiscal sponsorship agreement in PDF format. Please note that your fiscal sponsorship agreement must be signed by both parties (sponsor and sponsee), must be current, and must include assurance that the fiscal sponsor will provide oversight of funds.
- Date organization established: (Calendar tool)
- Fiscal year end (MM/DD): (Calendar tool)

- **Organization Mailing Address**

- City: (dropdown)
 - *Help text: If your city does not appear in the dropdown, please email accelerator@artsfund.org so staff can add your city to the system.*
- State: (Only WA) (dropdown)
- ZIP: (dropdown)
- County: (dropdown)
- Website:
- Mission statement:

- **Contact Information**

Primary contact

- Name:
- Title:
- Contact email:
- Contact phone:

Secondary contact (optional):

- Name:
- Title:
- Contact email:
- Contact phone:

(The following section will only appear if you select "My organization is fiscally sponsored by another organization with 501(c)(3) status." above):



- **Fiscal Sponsor Information**

- Name of Fiscal Sponsor 501(c)(3) organization
- EIN of Fiscal Sponsor, if applicable:
- Fiscal Sponsor Mailing Address:
- City:
- State: (dropdown)
- ZIP:

Fiscal Sponsor contact

- Name:
- Title:
- Contact email:
- Contact Phone:

- **Please select your organization's primary focus area:**

- Cultural Heritage
- Dance
- Film & Media
- Literary Arts
- Multidisciplinary
- Music
- Musical Theatre
- Opera
- Theatre
- Visual Arts
- Arts Service (orgs that provide support to artists or cultural orgs)
- Other

- If "Other," please describe (25 words):

- **Please select your organization's secondary focus area (optional):**

- Cultural Heritage
- Dance
- Film & Media
- Literary Arts
- Multidisciplinary
- Music
- Musical Theatre
- Opera
- Theatre
- Visual Arts
- Arts Service (orgs that provide support to artists or cultural orgs)
- Other



- If “Other,” please describe (25 words):
- Please use the text box below if you would like to describe how your organization’s work aligns with the discipline(s) indicated above. This field is optional and intended only for organizations who wish to provide more context on how their work should be considered eligible for the Community Accelerator Grant. (100 words)

FINANCIAL INFORMATION FORM

Financial Information (Expenses/Revenue)

Please upload a PDF file of your organization’s most recent Form 990 or 990EZ. If you are not able to provide a 990, please instead upload financial documents for your most recently completed fiscal year as PDF files. These should include an income statement, a balance sheet, and a statement of cash flow, if available. Please note that we are requesting actuals rather than budgets.

Please note that **we cannot accept Form 990-Ns**. If your organization files the Form 990-N, please instead upload financial documents for your most recently completed fiscal year.

- What type of financial document are you uploading?
 - 2023 Form 990 or 990EZ
 - 2024 Form 990 or 990EZ
 - FY24 Financial Documents (including an income statement, a balance sheet, and a statement of cash flow, if available)
 - FY25 Financial Documents (including an income statement, a balance sheet, and a statement of cash flow, if available)
 - FY26 Financial Documents (including an income statement, a balance sheet, and a statement of cash flow, if available)

Please fill out the table below with your organization’s information to the best of your ability. Note – if your organization is fiscally sponsored, this information should be for your organization, not your fiscal sponsor.

Definitions:

Earned revenue is any funds received that are in direct exchange for goods, programs, or services; these include fees paid for programming, contract income, ticket sales, concessions, membership dues, and gift shop items.

Contributed revenue is any funds received that are not in direct exchange for goods, programs, or services; these include grant funding, individual donations, government funding, foundation support, and sponsorships. For the purposes of this application, any COVID-related relief funds should be included in the organization’s contributed revenue.

Personnel expenses are only those related to costs associated with payroll; these include salaries, wages, payroll insurance, and employee benefits. Stipends and contracted services do not fall under personnel. If your organization has no staff on payroll, please enter 0. Please note that personnel expenses should be included in your total amount for operating expenses. We ask for this number separately for research and advocacy purposes.

Operating expenses are all expenses associated with running your organization (including the above). In addition to personnel expenses, other common expense categories are supplies, equipment, rent/mortgage, utilities, insurance, and program stipends.

	FY2023	FY2024	FY2025
Total Operating Expenses			
Total Earned Revenue			
Total Contributed Revenue			
Total Personnel Expenses			

The data from the following three questions is being collected to help us understand the potential impact Community Accelerator Grant funding will have on Washington State’s arts and culture sector. Your responses to the following three questions are not scored and will have no impact on your final award.

- What expense categories would the awarded funds cover? Please rank your top categories with 1 being the highest priority. Please select each rank number only once. If you believe you will use funds for other expense categories, please use the “other” category and use the text box to describe the expenses for which the funds will be used.
 - Salaries and Labor
 - Programming
 - Rents/Mortgage/Facility Upgrades
 - Communications/Marketing
 - Other

- If you marked “other,” please describe (25 words or less).

- How much would this funding help your organization attract other funding (grants, major donor gifts, etc.)?
 - 1 - Not at all
 - 2 – Slightly helpful
 - 3 – Fairly helpful
 - 4 – Very helpful
 - 5 – Extremely helpful



- If awarded this grant, by how much do you anticipate increasing your revenue? In other words, how much additional funding, not including the amount of this grant, do you believe you will be able to raise as a result of being awarded? Please enter a number.

PROGRAMS AND DEMOGRAPHICS FORM

Note – this data is being collected so that we can ensure that grant funds are equitably distributed across Washington State’s arts and culture sector, particularly to organizations centering the voices of people who identify as BIPOC, as LGBTQ+, and as people with disabilities.

To learn more about how the data you share in this form will be used, please view our Demographic Data Use Statement.

Definitions:

Centering: The statements below use the word “centering” rather than “including” to indicate a deeper level of engagement. “Centering” indicates that these people’s voices are not just included or invited to participate in an organization’s programming but are the focus of an organization’s work. People from centered populations are telling their own stories, and programming is intended to be culturally relevant to their experiences.

Please respond to each of the following statements.

Note – this should display a Likert scale for each question with five radio buttons for responses. User will only be able to select one response for each question:

- 1 - Strongly Disagree
 - 2 - Disagree
 - 3 - Neutral
 - 4 - Agree
 - 5 - Strongly Agree
-
- Our organization creates and/or provides programming centering LGBTQ+ communities.
 - Our organization creates and/or provides programming centering Black, Indigenous, and other People of Color (BIPOC) communities.
 - Our organization creates and/or provides programming centering people with disabilities.

Demographic Information

STAFF DEMOGRAPHICS:

Please choose the statement that best describes your organization:



- My organization has 2+ paid staff on payroll (those who are paid by wages or salaries, not by stipends or contract income).
 - *For organizations with 2+ paid staff, include only staff on payroll (those who are paid by wages or salaries, not by stipends or contract income).*
- My organization has 0-1 paid staff on payroll or is volunteer-run
 - *Organizations that have no staff members on payroll and employ only contractors may complete this survey on behalf of contractors.*
 - *Organizations with only one paid staff member or no paid staff members, but that work with a dedicated, core group of volunteers, may complete this survey on behalf of volunteers. Please include only volunteers who have leadership, administrative, or program coordination roles and hold a meaningful level of responsibility to manage the organization or group. Some examples of meaningful volunteer positions might include a director or program coordinator.*

Note: All fields in this form are required. Enter "0" instead of leaving a field blank.

Provide **headcounts** for each group. Please count each staff member only once. If you are counting contractors or volunteers as staff members for the purposes of this survey, please include them in your staff headcount totals. Use whole numbers with no symbols.

- How many total staff members did you have last year?
- How many total staff members do you have currently?

We understand that racial identities are complex, deeply personal, and intersecting. If more than one identity applies, we encourage you to select “two or more races.” If an identity is not represented, we suggest you select “some other race alone.” We encourage you to share further clarification in the comment box provided, if desired.

	STAFF	
	Previous Year	Current Year
# Asian/Asian American/Asian diasporic		
# Black/African American/African diasporic		
#Hispanic/Latino/a/x diasporic		
# Middle Eastern/North African diasporic		
# Native/Alaskan Native/Indigenous		
# Pasifika/Native Hawaiian/Pacific Islander		
# Some other race alone		
# Two or more races		
# White		





# Do not know/prefer not to answer/not applicable		
---	--	--

[Calculation field] TOTAL (should match head count totals reported above):

- Comments or clarification (optional) (25 words):

Please provide the number of people that identify in each category, to the best of your ability.

	STAFF	
	Previous Year	Current Year
# LGBTQ+		
# Not LGBTQ+		
# Do not know/prefer not to answer/not applicable		

[Calculation field] TOTAL (should match head count totals reported above):

- Comments or clarification (optional) (25 words):

Please provide the number of people that identify in each category, to the best of your ability.

	STAFF	
	Previous Year	Current Year
# Have a disability		
# Do not have a disability		
# Do not know/prefer not to answer/not applicable		

[Calculation field] TOTAL (should match head count totals reported above):

- Comments or clarification (optional) (25 words):

BOARD DEMOGRAPHICS:



- Does your organization have a board or governing advisory body? Y/N
 - [If no]: If your organization does not have a board or governing body, there is no need to complete this section. Please mark this form as complete and proceed to the next form.
 - [if yes]: Please provide the number of people that identify in each category, to the best of your ability. *We ask for demographic data in part to help us identify organizations whose staff and board contain significant representation from one or more of the following centered populations: Black, Indigenous, and People of Color; people with disabilities; and LGBTQ+ people.*

Note: All fields in this form are required. Enter "0" instead of leaving a field blank.

Provide **headcounts** for each group. Please count each board member only once. Use whole numbers with no symbols.

- How many total board members did you have last year?
- How many total board members do you have this year?

We understand that racial identities are complex, deeply personal, and intersecting. If more than one identity applies, we encourage you to select “two or more races.” If an identity is not represented, we suggest you select “some other race alone.” We encourage you to share further clarification in the comment box provided, if desired.

	BOARD	
	Previous	Current
# Asian/Asian American/Asian diasporic		
# Black/African American/African diasporic		
#Hispanic/Latino/a/x diasporic		
# Middle Eastern/North African diasporic		
# Native/Alaskan Native/Indigenous		
# Pasifika/Native Hawaiian/Pacific Islander		
# Some other race alone		
# Two or more races		
# White		
# Do not know/prefer not to answer/not applicable		

[Calculation field] TOTAL (should match head count totals reported above):

- Comments or clarification (optional) (25 words):

Please provide the number of people that identify in each category, to the best of your ability.

	BOARD	
	Previous	Current
# LGBTQ+		
# Not LGBTQ+		
# Do not know/prefer not to answer/not applicable		

[Calculation field] TOTAL (should match head count totals reported above):

- Comments or clarification (optional) (25 words):

Please provide the number of people that identify in each category, to the best of your ability.

	BOARD	
	Previous	Current
# Have a disability		
# Do not have a disability		
# Do not know/prefer not to answer/not applicable		

[Calculation field] TOTAL (should match head count totals reported above):

- Comments or clarification (optional) (25 words):

ACH Payment Request Form

Please complete this form with your organization's or your fiscal sponsor's (if applicable) bank account information. Electronic transfer is a secure method of payment. ArtsFund may only deposit funds into your listed account with the information provided. If awarded a 2026 Community Accelerator Grant, your award funds will be sent via electronic payment to the account number you provide below, by December 31, 2026. If you have questions or concerns, please email accelerator@artsfund.org.



- Is your organization fiscally sponsored by another organization with 501(c)(3) status? Y/N
 - If NO, then:
 - Bank Name:
 - Bank Address 1:
 - Bank Address 2:
 - Bank City:
 - Bank State (dropdown):
 - Bank ZIP Code:
 - Bank Routing Number (verify format):
 - a. *Help text: Your Routing Number should be 9 digits.*
 - Please confirm your Routing Number:
 - Bank Account Number (verify format):
 - Please confirm your Account Number:
 - ACH ID (optional):
 - Authorized Financial Contact First Name:
 - a. *Help text: The Authorized Financial Contact should be a staff member at your organization. They can be a Finance Director, etc., or may be the same as your primary contact.*
 - Authorized Financial Contact Last Name:
 - Authorized Financial Contact Title:
 - Authorized Financial Contact Email (verify format):
 - If YES, then:
 - Fiscal Sponsor Bank Name:
 - Fiscal Sponsor Bank Address 1:
 - Fiscal Sponsor Bank Address 2:
 - Fiscal Sponsor Bank City:
 - Fiscal Sponsor Bank State (dropdown):
 - Fiscal Sponsor Bank ZIP Code:
 - Fiscal Sponsor Bank Routing Number (verify format):
 - a. *Help text: Your Routing Number should be 9 digits.*
 - Please confirm your Fiscal Sponsor Routing Number:
 - Fiscal Sponsor Bank Account Number (verify format):
 - Please confirm your Fiscal Sponsor Account Number:
 - Fiscal Sponsor ACH ID (optional):
 - Fiscal Sponsor Authorized Financial Contact First Name:
 - Fiscal Sponsor Authorized Financial Contact Last Name:
 - Fiscal Sponsor Authorized Financial Contact Title:
 - Fiscal Sponsor Authorized Financial Contact Email (verify format):
 - Fiscal Sponsor Authorized Financial Contact Phone (verify format):