

Eligibility

* 1. Is your business performing arts-based?

This program defines a performing arts-based business as one that books and presents, exhibits, performs or produces live performances, classes or workshops of music, theatre, dance, comedy, interdisciplinary or other live performing arts endeavors that are open to the public as their primary business service.

Yes

No

* 2. Can your business demonstrate at least a 60% decline in revenues after March 1, 2020 as compared to that same period in 2019?

Yes

No

* 3. Was your business fully operational prior to March 1, 2020?

Yes

No

* 4. Is your business headquartered in Cuyahoga County?

Yes

No

* 5. Does your business employ 100 or fewer full-time-equivalent (FTE) employees?

Yes

No

* 6. Do you have documentation of your business operating as a corporation, limited liability company, partnership, or individual sole proprietor?

Yes

No

* 7. Do you serve in any executive capacity at **an organization applying for the nonprofit Cuyahoga County CARES program** through Cuyahoga Arts & Culture (CAC)?

Yes

No

* 8. Are you **an artist applying for Cuyahoga County CARES funding** through Arts Cleveland?

Yes

No

* 9. Are you an employee of Arts Cleveland, Cuyahoga Arts & Culture (CAC), or Cuyahoga County government?

Yes

No

* 10. I am applying as a:

Performing Arts Business

Venue/Presenter

Producer

Performing Arts Business requirement

* 11. Please certify that the following condition applies to your **Performing Arts Business** by checking the box next to the statement:

- My Performing Arts Business has a record of paying fair wages to presenting artists, bands, performers, teaching artists and crew (WAGE Certified recommended, but not required) based on selling tickets to the public, art sales or other comparable means.

Venue/Presenter requirement

* 12. Please certify that **at least four (4)** of following conditions applies to you as a **Venue/Presenter** by checking the box next to the statement:

- I have a defined performance and audience space.
- I provide mixing, sound, and/or lighting systems.
- I utilize at least two of (including owner/operators): sound engineer, booker, promoter, stage manager, security personnel, box office manager.
- I have a paid ticket or cover charge to attend a majority of performances.
- I promote performances through advertising and listings in printed and/or electronic publications, websites, email blasts and/or social media.

Producer requirement

* 13. Please certify that the following condition applies to you as a **Producer** by checking the box next to the statement:

- I provide sound, stage and lighting for the presentation of live music, comedy, theater, dance or similar performing arts primarily in independent venues or at festivals.

Contact Information

Funding is available for small performing arts businesses in Cuyahoga County.

* 14. Business Owner First Name (Legal)

* 15. Business Owner Last Name (Legal)

* 16. Enter Your Business Information

Business Name	<input type="text"/>
Address	<input type="text"/>
Apt/Suite/Unit	<input type="text"/>
City	<input type="text"/>
State/Province	<input type="text" value="-- select state --"/>
ZIP/Postal Code	<input type="text"/>
Primary Contact Email Address	<input type="text"/>
Primary Contact Phone Number	<input type="text"/>

* 17. Date Business Started Operating

Start date

Date

* 18. What type of business owner are you?

- Sole proprietor
- Independent Contractor
- Partnership
- Other (please specify)
- Limited Liability Corporation (LLC)
- S Corporation

* 19. To continue, please certify that **none of the following conditions** apply to your business by checking the box next to each statement:

- | | |
|---|---|
| <input type="checkbox"/> My business is not "publicly-traded" | <input type="checkbox"/> I do not ask artists to perform or work for free or solely for tips—except for legitimate fundraisers or similar educational, charitable, or community-oriented events |
| <input type="checkbox"/> My business is not multinational | <input type="checkbox"/> I have not received CARES funds through Cuyahoga Arts & Culture (CAC's) program or Arts Cleveland's artist program. |
| <input type="checkbox"/> I do not own, manage, book or produce at venues in more than one state | <input type="checkbox"/> My business is not currently in receivership or bankruptcy. |

Performing Arts Nature of Business

This program is for performing-arts-based businesses in Cuyahoga County.

* 20. Please select one that *most* reflects your business. We understand more than one may apply.

- | | |
|-------------------------------|---|
| <input type="radio"/> theater | <input type="radio"/> performance art |
| <input type="radio"/> music | <input type="radio"/> history/tradition |
| <input type="radio"/> dance | <input type="radio"/> comedy |

* 21. Provide a URL to your website.

If you do not have any online presence, please enter "N/A" and [contact Arts Cleveland](#) for further instructions. Please continue filling the remainder of this form while you wait for a response.

Income

* 22. Please provide your business's gross revenue below.

Please provide whole numbers only, rounded to the nearest dollar.

2019 Gross Revenue

(actual for period March 1,
2019-December 31, 2019)

2020 Gross Revenue

(actual/estimated for
period March 1, 2020-
December 31, 2020)

* 23. Did you receive a forgivable loan through the [Paycheck Protection Program](#)? This does not necessarily exclude you from receiving these funds.

- Yes
 No

* 24. Have you received any grants or forgivable loans through CARES funded programs to assist with COVID-19 related losses? (If yes, please answer following two questions.) This does not necessarily exclude you from receiving these funds.

- Yes
 No

25. Please list the programs from which you've received support separated by commas.

26. What is the total \$ amount received from the sources listed in the previous question?

Please provide whole numbers only, rounded to the nearest dollar.

Total amount:

Impact/Expenses

* 27. Were you forced to close/stop business due to the pandemic?

Yes

No

28. Closed/Reopen Dates

Closed Date

Date

Reopen Date (if applicable)

Date

29. Employees

How many FTE employees did you have prior to March 1, 2020?

How many employees were currently on payroll as of Oct 31, 2020?

* 30. Is your business minority or women-owned?

Yes

No

* 31. In each category below, list the sum of expenses you incurred or anticipate you will incur between March 1, 2020 - December 31, 2020. Do not count the same expense twice.

Please provide whole numbers only, rounded to the nearest dollar.

Please note: You may be asked to produce documentation substantiating these expenses as part of this program.

Rent or mortgage payments	
Utilities	
Security	
Personnel costs that were not covered by PPP	
Existing loans	
Licenses, fees, real estate taxes or other local taxes	
Insurance premiums	
Deferred expenses due to cancelled events	
Emergency planning/staff training	
Health testing	
Personal protective equipment and signage	
COVID-19 related venue upgrades	
Communications/marketing to address COVID-19 compliance	
Physical accommodations/mitigation measures addressing COVID-19	
New online platforms or software to make performances available online	
New equipment, devices, etc. to make performances available online	
Increased broadband capability/speed	
Monthly subscriptions/streaming services (reimbursable only from March 1-December 30)	
None of these expenses apply to me (type 0 if applicable)	

* 32. Did you deduct CARES funding previously received (as stated earlier in this application) from the above number?

- Yes
- No

* 33. In summary, briefly describe how you have been affected by the pandemic including business closures, etc.

Recovery/Reopening

While much remains uncertain, please respond to the best of your ability.

* 34. Do you have plans to reopen?

- Yes
- My business is currently open at 15% capacity
- No (briefly provide reason)

35. Planned opening date (if applicable)

Date

Date

MM/DD/YYYY

36. Have you shifted to provide online performances/classes/workshops/etc.?

- Yes - free (asking for tips/donations)
- Yes - paid online programs
- No

Agree and Submit

* 37. By filling in this application I understand and agree that my answers will be accessible only to Arts Cleveland staff. Information may be *aggregated* to inform future programming and/or report to Cuyahoga County on the use of CARES funds. Applicant and recipient names will not be made publicly available without written permission. View more information about Arts Cleveland's [privacy policy](#) on our website.

I agree to these terms and conditions.

* 38. By initialing below, I certify that the information I've provided in this application is true, complete and correct.

* 39. By initialing below, I certify that I will provide receipts for expenses if requested in a timely manner.