NATIONAL INDEPENDENT VENUE FOUNDATION
EMERGENCY RELIEF FUND APPLICATION – VENUES

***PLEASE NOTE – This template is only meant to assist you as you prepare your application and materials for submission. To be considered for an award, you must complete the official online application through Submittable.

APPLICANT CONTACT
Contact name
Title (owner, manager, etc.)
Email
Phone

VENUE INFORMATION (Please submit one application per venue)
Venue Name
Street Address
City
State
Zip Code
Business email
Business phone number
Website
Social media handles (if applicable)
Form of legal entity/type of business (LLC, non-profit, etc.)

1) NIVF’s Emergency Relief Fund is for independent venues and promoters in the United States. Venues and promoters must not be owned (in whole or in part), managed, or exclusively booked by an organization that has more than one of the following three attributes: (1) “publicly-traded,” (2) multinational, or (3) owns, manages, or books venues in more than one state. Is the venue you are applying for an independently run venue based on NIVF’s ERF guidelines?
YES
NO

2) Please describe the business' mission and primary activities (e.g., type of programming, cultural impact, genres of music, audiences served, frequency and manner of artistic performances, communities and public benefits served by the business) (Limit 150 words)

3) Is the venue registered with the City in which it resides as a legal assembly space?
YES
NO

4) How long has the venue been in operation in its current form of presenting live performances?
Less than 1 year
1 - 2 years
3 - 5 years
6 - 10 years
11 - 15 years
16 - 20 years
Over 20 years

5) What types of artistic performances or activities does your venue present and/or program? (Check all that apply)
Live Music
Comedy
Theater
Dance
Film
Other

6) Is the venue indoor, outdoor, or both?
INDOOR
OUTDOOR
BOTH

7) What is the venue’s maximum occupancy/capacity?
1 - 49 occupants
50 - 999 occupants
100 - 149 occupants
150 - 199 occupants
200 - 349 occupants
350 - 499 occupants
500 - 9,999 occupants
1,000 - 1,499 occupants
1,500 - 2,999 occupants
3,000 - 4,999 occupants
5,000 - 9,999 occupants
10,000 or more occupants

8) In a normal year, please share how many days the venue facilitates live performances:
0 days/year
1 - 9 days/year
10 - 29 days/year
30 - 49 days/year
50 - 99 days/year
100 - 149 days/year
150 - 199 days/year
200 or more days/year

9) Due to your current, emergent situation, how many live performances have been or will be delayed or canceled at the venue over the next 3-6 months?
0 performances
1 - 9 performances
10 - 29 performances
30 - 49 performances
50 or more performances

10) Please enter the current number of full-time and part-time staff on payroll for the venue?

11) Is the venue leased or owned?
LEASED
OWNED

12) If leasing, when does the current venue lease expire?

13) Please select the option that best represents the venue's fixed MONTHLY real estate costs (e.g., mortgage or lease payment)
$0 - $499
$500 - $1,499
$1,500 - $2,499
$2,500 - $4,999
$5,000 - $7,499
$7,500 - $9,999
$10,000 - $14,999
$15,000 - $29,999
$30,000 - $49,999
$50,000 - $99,999
$100,000 - $249,999
$250,000 or more

14) Please select the option that best represents the venue's additional, combined, recurring MONTHLY expenses (e.g., utilities, phone, payroll costs, insurance, employee benefits, state and local taxes, equipment, etc.)
$0 - $499
$500 - $1,499
$1,500 - $2,499
$2,500 - $4,999
$5,000 - $7,499
$7,500 - $9,999
$10,000 - $14,999
$15,000 - $29,999
$30,000 - $49,999
$50,000 - $99,999
$100,000 - $249,999
$250,000 or more

15) Is the venue owned or operated, in whole or in part, by persons who identify as one of the following? (Check all that apply)
American Indian/Alaskan Native
Asian/Asian American
Black/African American
Female
Latino/x/e
Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, Two-Spirit, +
Native Hawaiian/Other Pacific Islander
Person with a disability
White/Caucasian
Other
I prefer not to respond

16) Does the business specifically and intentionally serve Black, Indigenous, Latino/x/e/, People of Color (BILPOC), the LGBTQIA2S+ community, and/or people with disabilities through its programs?
YES
NO

17) If yes, please share more about this programming and/or artist and audience demographics (Limit 100 words)

18) If your business has an inclusivity, diversity, equity, and accessibility statement, please share it here (not required, limit 200 words)

19) Has the venue received or accessed any of the following additional sources of funding to directly support the venue’s expenses since the emergency began? (Check all that apply)
Rent/mortgage relief from facility owner
Paycheck Protection Program funding / Economic Injury Disaster Loan (EIDL)
Shuttered Venues Operations Grant (SVOG) funding
Business Savings / Reserve Funds
Personal Savings
Private Loan (SBA loans, etc.)
Commercial Loan
Sponsorship
Fundraising
Additional grants from Federal, State, Local, or private sources

20) What is the total amount in emergency relief or subsidized funding the business has received in the last 24 months?
$0 - $499
$500 - $2,999
$3,000 - $4,999
$5,000 - $9,999
$10,000 - $19,999
$20,000 - $49,999
$50,000 - $74,999
$75,000 - $99,999
$100,000 - $149,999
$150,000 - $199,999
$200,000 - $299,999
$300,000 or more
21) STATEMENT OF NEED: Please provide a brief description illustrating the circumstances that gave rise to the venue’s financial emergency; the immediate, short-term, and long-term financial impact; the amount requested (not to exceed $25,000 per site/festival and $50,000 total for applicants with multiple sites/festivals); proposed use of funds and how that use will mitigate the impacts; and desired date of funding (Limit 400 words)

22) What is the minimum range of operating capital the venue is requesting for necessary and immediate expenses?
$1,000 - $2,499
$2,500 - $4,999
$5,000 - $9,999
$10,000 - $14,999
$15,000 - $19,999
$20,000 - $25,000

23) In order for us to understand the venue’s level of financial need, please choose the one category that is closest to your current level of need for the NIVF Emergency Relief Fund due to your current emergency:
Level 1 - Severe Financial Distress (0 - 3 months of operating funds)
Level 2 - Crucial Financial Distress (4 - 6 months of operating funds)
Level 3 - Financial Distress (7 - 12 months of operating funds)
Level 4 - Financial Strain (13 - 24+ months of access to operating funds)

24) Will the venue be receiving additional funding at a later date, and be able to reinvest any funds back into the NIVF Emergency Relief Fund?
YES
NO

REQUIRED DOCUMENTATION
In addition to the application, applicants MUST provide the following documentation to qualify for funding:

- **Balance Sheet as of month end prior to application date** – If unavailable, please provide the following amounts. You may be asked to substantiate these numbers as part of the grant review process:
  - Operating Cash on Hand
  - Lines of credit available
  - Pending grants to be received and estimated receipt date
  - Other known receivables
  - Total Operating Bills to be paid and/or past due
  - Debt and other loans to be paid including grants payable
  - Other known payables

- **Prior Six (6) Months Operating Income Statement and/or Cash Flow Statement** – The organization’s actual month-by-month financial activities for the prior six (6) months. This includes all cash inflows (Revenues) and cash outflows (Expenses). Please include any SVOG or other relief grant funding. Do NOT include any loan proceeds.

- **Six (6) Months Out Financial Projections** – A best estimate of the organization’s month-by-month financial projections for six (6) months out from the time of application. This should be in the same format as the prior six-month actuals submitted above. Do NOT include any grants or other relief funding unless it has been secured. For additional details, please refer to the downloadable “ERF Financial Projections Template” found at nivferf.org.
• **W-9 Form** (PDF) which identifies applicant’s current business address, EIN, and dated with a signature of an authorized representative. If granted, this will be used to receive payment from NIVF.

• **Current Certificate of Good Standing** (PDF) with the Secretary of State

**APPLICANT CERTIFICATION**

By submitting this application, I acknowledge the following:

All information is accurate and truthful. The applicant understands that this application and information is self-reported and self-certified but is subject to verification and that inaccurate information, misrepresentation, and/or fraud will result in applicant’s repayment of all amounts distributed to it upon written demand from the NIVF.

If selected, the applicant understands that it is legally responsible and accepts full responsibility for federal, state, and local tax implications associated with receiving grant funds.

The applicant understands that all information submitted is subject to open records requests and will be included in reporting for the National Independent Venue Foundation.

The applicant will retain all documents concerning its application and expenditure of grant funds for five years from the date of any award.

The applicant expressly agrees to cooperate with the NIVF ERF Committee should additional documentation be necessary.

The applicant understands that grant funds shall not be used for items or purposes prohibited by the NIVF ERF Guidelines.

Funding MUST BE SPENT by the business within 60 days of being granted.

Funded applicants will be required to provide NIVF and the ERF Committee a final report within 30 days of funds being fully expended, demonstrating that it has expended all grant monies in a manner compliant with the NIVF ERF requirements. Should a grant awardee be unable or unwilling to do so, NIVF ERF funds must be repaid to NIVF. This document will be provided by the ERF Committee and include:

• A written update on the business’ financial status and sustainability assessment
• Date funds were spent
• What the funds were utilized for
• Amount expended on each qualified expenditure

For more information or questions about the application process, please contact erf@nivf.org.