Survey of "Small-Budget" Dance Makers 2019

About This Survey
1. Would you like to take the survey? * • Yes • No
About Your Organization/Project
2. What is the name of your organization/project? (If you are not affiliated with an organization/project, please write "independent dance maker.") *
3. Please provide or estimate the size of your organization/project budget for this or last year. Please check one. *
© Over \$1M
© \$500,000-\$1M
© \$250,000-\$499,999
C \$100,000-\$249,999
© \$50,000-\$99,999
© \$25,000-\$49,999
C Under \$25K
C I don't know my organization/project budget

4. Under what financial structure(s) is your organization/project's work primarily
carried out? (Choose all that apply.) *
501(c)(3) nonprofit organization
Fiscal sponsorship
Formal cooperative
For-profit entity/commercial enterprise
☐ Independently/privately financed artist or group
Decline to state
Other
5. What is the zip code where your organization/project is based? *
6. In what neighborhood(s) is your organization/project is doing most of its work? * 1

7. What year was your organization/project established?
8. What marketing/outreach tools does your organization/project use? (Choose all that apply.)
Community organizer(s) Marketing/communications consultant(s) Marketing/communications staff Paid advertisements in print publications Paid advertisements on social media Posters/flyers
Social media posts Other Other
9. Does your organization/project have a Board of Directors?YesNo

10. How many people currently sit on your Board of Directors?
11. Are your organization/project's Board Members currently required to contribute: (Choose as many as apply.)
□ Time
□ Services
Money - What is current donation requirement? \$☐ Other
40 Harris BAID and Lance Lance Committee Commi
12. How many full-time PAID employees does your organization/project have?

13. What roles do these full-time PAID employees fulfill? (Choose
as many as apply.)
☐ Chief Executive Officer or Equivalent
☐ Artist
☐ Administration/Office support
Finance
☐ Human Resources
☐ Development/Fundraising
☐ Marketing/Communications/Social Media/Graphic Design
Company Manager
☐ Operations/IT
Documentation (Photographer, videographer)
Production
Front of House (Ushers, ticket takers, house managers)
Other
14. How many UNPAID volunteers do you engage annually?
15. Please estimate the annual financial value (\$\$) of your volunteer labor.

16. What roles do these UNPAID volunteers fulfill? (Choose as
many as apply.)
☐ Chief Executive Officer or Equivalent
□ Artist
Administration/Office support
Finance
Human Resources
Development/Fundraising
☐ Marketing/Communications/Social Media/Graphic Design
Company Manager
☐ Operations/IT
Documentation (Photographer, videographer)
Production
Front of House (Ushers, ticket takers, house managers)
Other
17. Please describe the in-kind donations that you receive annually (e.g. printing, rehearsal space, etc.)
The term 'in-kind donation' refers to any goods and services that are received directly by your
organization/project. In-kind donations do not include gifts of money or stock.

18. Please estimate the annual financial value (\$\$) of these in-kind donations.
19. Has your organization/project received funding from any of the following sources over the last year? (Please select all that apply.)
 Corporate Donations or Grants Government (City, County, State, Federal -any source/agency) Earned Income (For example, ticket sales or fees from classes/workshops) Individual Donors Private Foundation Grants (including gifts from family foundations)

20. Please rate your organization/project's funding needs.

	Not Needed	Needed	Very Needed
Access costs (ASL Interpretation, CART, multi- language services, etc.)	O	O	О
Community outreach/organizing	О	O	O
Mortgage	О	O	О
Operational costs	О	О	О
Other space-related costs, including utilities	0	O	О
Professional development and training (marketing, financial management, strategic planning, booking and touring)	O	0	O
Programming	О	O	О
Rent	O	O	О
Salaries/Artist fees	О	O	О
Supplies and equipment (purchases or rentals)	О	O	О
Enter another option	О	O	О
Enter another option	О	0	O

21. Which of the following represents your single most important
funding need?
C Access costs (ASL Interpretation, CART, multi-language services, etc.)
C Community outreach/organizing
© Mortgage
Operational costs
Other space-related costs, including utilities
 Professional development and training (marketing, financial management, strategic planning, booking and touring)
Programming
© Rent
Salaries/Artist fees
 Supplies and equipment (purchases or rentals)
Other
Other
22. Please help us understand any organization/project needs we forgot to mention. (List up to three.)
1
2
3

23. In three words, define "success" in dance making.	
1	
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Dance Making and Presentation	
24. What is the dance genre with which your organization/proprimarily identifies? (e.g. Hip-hop, Modern, Indian classical dance, etc.)	ject
25. What is the dance genre with which your organization/pro	ject
secondarily identifies?	

26. In addition to dance, with which of the following disciplines
does your organization/project also identify?
Film/Video/Media
Folk/Traditional Arts
☐ Literary Arts
☐ Music
☐ Theater
□ Visual Arts
I do not identify with another discipline in addition to dance
If not listed, please specify
27. How many dancers are engaged by your organization/project annually (not including guest artists) to perform?
28. How many of these dancers receive payment for performing
(not including guest artists)?

	# of programs last year
Classes/workshops for kids/families	
Classes/workshops for adults	
Classes/workshops for dancers	
Performances (paid admission)	
Performances (free)	
Participation in festivals and wider public events	
Open house/public rehearsals	
Enter another option	
Enter another option	
Enter another option	
: Leadership	
Are you the artistic lead of an o	organization/project within budget

31. On average, how many organizations/projects are you affiliated with in a given year?
C 1
C 2
О 3
C 4
© 5 or more
32. Do you consider your position as a dance maker:
C A permanent job and career
 Part of the gig economy (a set of short term contracts or freelance work)
C A secondary interest outside of another primary career track
33. What other type(s) of paid employment do you hold? (Choose all
that apply.) Freelance positions in the dance field (teaching, etc.)
Regular part-time job(s) in the dance field
Full-time job in the dance field
Freelance positions OUTSIDE of the dance field
Regular part-time job(s) OUTSIDE of the dance field
Full-time job(s) OUTSIDE of the dance field

34. Do you earn a regular salary from your organization/project?
• Yes
O No
35. Do you fulfill any other roles in your organization/project?
© Yes
© No
♥ NO
36. Select the roles that you fulfill.
☐ Chief Executive Officer or Equivalent
☐ Administration/Office support
Finance
☐ Human Resources
☐ Development/Fundraising
☐ Marketing/Communications/Social Media/ Graphic Design
☐ Company Manager
☐ Operations/IT
Documentation (Photographer, videographer)
☐ Production
Front of House (Ushers, ticket takers, house managers)

37. For what purposes do you connect and collaborate with other
dance makers?
38. On average, how often do collaborations take place?
Once per year
C Twice per year
 Monthly
On an ongoing basis
Other

39. What do you need to make collaborations effective? Affordable rehearsal space Affordable performance space Additional administrative staff Additional technical staff More time Other Other

Demographics

40. In what year were you born?

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41. What is the postal/z	ip code of your current home residence?
If you prefer to decline to	state, leave this blank.

42. What is your current gender identity? (Check all that apply.)
□ Female
☐ Genderqueer/gender non-conforming
☐ Male
☐ Different identity (please state)
☐ I decline to state
40
43.
Do you identify as transgender?
Yes
O No
C I decline to state
44. Do you consider yourself to be:
 Asexual
© Bisexual
C Gay or lesbian
 Heterosexual or straight
My sexual orientation is not listed here
C I decline to state

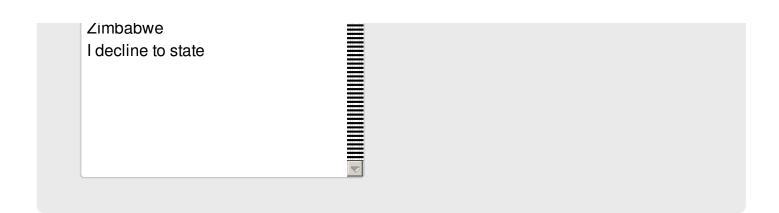
45. Do you describe your sexual orientation or identity in any other way? Yes O No 46. If yes, please describe. 47. Where were you born? **United States** Canada Afghanistan Albania Algeria American Samoa Andorra Angola Antigua and Barbuda Argentina Armenia Australia Austria Azerbaijan Belize Benin Bhutan Bolivia Bosnia and Herzegovina Botswana Brazil Brunei Darussalam Bulgaria Burkina Faso Burundi Cambodia

Cameroon Cabo Verde Central African Republic Chad Chile China Colombia Comoros Congo, Democratic Republic of the Congo, Republic of the Costa Rica Cote d'Ivoire Croatia Cuba Curacao Cyprus Czech Republic Denmark Djibouti Dominica Dominican Republic East Timor (see Timor-Leste) Ecuador Egypt El Salvador **Equatorial Guinea** Eritrea Estonia Ethiopia Fiji Finland France Gabon Gambia, The Georgia Germany Ghana Greece Grenada Guam Guatemala Guinea Guinea-Bissau Guyana

Haiti Holy See Honduras Hong Kong Hungary Iceland India Indonesia Iran Iraq Ireland Israel Italy Jamaica Japan Jordan Kazakhstan Kenya Kiribati Kosovo Kuwait Kyrgyzstan Laos Latvia Lebanon Lesotho Liberia Libya Liechtenstein Lithuania Luxembourg Macao Macedonia Madagascar Malawi Malaysia Maldives Mali Malta Marshall Islands Mauritania Mauritius Mexico

ıvııcronesıa Moldova Monaco Mongolia Montenegro Morocco Mozambique Myanmar Namibia Nauru Nepal Netherlands **Netherlands Antilles** New Zealand Nicaragua Niger Nigeria North Korea Northern Mariana Islands Norway Oman Pakistan Palau Palestinian Territories Panama Papua New Guinea Paraguay Peru Philippines Poland Portugal Puerto Rico Qatar Romania (Russia Rwanda Saint Kitts and Nevis Saint Lucia Saint Vincent and the Grenadines Samoa San Marino Sao Tome and Principe Saudi Arabia Senegal

Serbia Seychelles Sierra Leone Singapore Slovakia Slovenia Solomon Islands Somalia South Africa South Korea South Sudan Spain Sri Lanka Sudan Suriname Swaziland Sweden Switzerland Syria Taiwan Tajikistan Tanzania Thailand Timor-Leste Togo Tonga Trinidad and Tobago Tunisia Turkey Turkmenistan Tuvalu Uganda Ukraine **United Arab Emirates United Kingdom** U.S. Virgin Islands Uruguay Uzbekistan Vanuatu Venezuela Vietnam Yemen Zambia



48. I identify as: (Please select all that apply.)				
*Indigenous person: A person who is a descendant of people who inhabited a geographical region at the time when people of different cultures or ethnic origins arrived. Other terms may include tribes, first peoples/nations, aboriginals, or ethnic groups.				
**Person of Latin American descent: A person whose parentage can be traced back to any of the countries in the Americas south of the United States, including Mexico, South America, Central America, and parts of the Caribbean.				
Person of African descent				
Person of Asian descent				
□ Black				
Person of European descent				
Hispanic/Latina/Latino/Latinx				
☐ Indigenous person*				
Person of Latin American descent**				
Person of Middle Eastern descent				
White				
My ethnic identity is not listed here				
☐ I decline to state				
49. My ethnic identity is:				

50. For persons of African descent: Please select the region(s) of your ancestry. If you are unsure of your ancestry, or if this information is unavailable, choose "Skip this question" from the options below. For a list of African nations by region, visit: https://unstats.un.org/unsd/methodology/m49/
Eastern
☐ Middle
Northern
Southern
□ Western
Skip this question
51. For persons of Asian descent: Please select the region(s) of your ancestry: If you are unsure of your ancestry, or if this information is unavailable, choose "Skip this question" from the options below. For a list of Asian nations by region, visit https://unstats.un.org/unsd/methodology/m49/
□ Central
Eastern
Southern
Southeastern
☐ Skip this question

52. For persons of European descent: Please select the region(s) of your ancestry: If you are unsure of your ancestry, or if this information is unavailable, choose "Skip this question" from the options below. For a list of European nations by region, visit: https://unstats.un.org/unsd/methodology/m49/
Northern
Southern
□ Western
Skip this question
53. For persons of Indigenous descent: Please select the region(s) of your ancestry: If you are unsure of your ancestry, or if this information is unavailable, choose "Skip this question" from the options below.
Alaskan Native
American Indian
Australian Aborigine
First Nations of Canada
☐ Native Hawaiian
Pacific Islander
Skip this question
54. Please specify your racial or tribal affiliation(s):

55. For persons of Latin American descent: Please select the region of your ancestry: If you are unsure of your ancestry, or if this information is unavailable, choose "Skip this question" from the options below. For a list of Latin American nations by region, visit: https://unstats.un.org/unsd/methodology/m49/	(s)
Mexico	
Caribbean	
☐ Central America	
☐ South America	
Skip this question	
56. Do you describe your ethnic, racial, or cultural identity in any oth way?	er
© Yes	
O No	
57. If yes, please describe.	
58. I am a:	
 Disabled person 	
 Nondisabled person 	
C I decline to state	