

Pay It Forward 2025

Thank you for your application to CitySpace's Pay It Forward program.

Application due date: April 10, 2025, 11:59 P.M.

CitySpace is committed to improving access to our programs and services. If you need any assistance with this form, please contact us at hello@cityspaceeasthampton.org or call 413-282-7705.

* Indicates required question

1. Email *

2. Are you applying to Pay It Forward as an individual or an organization? *

If you are a part of a band, we recommend you apply as an individual. If you are representative member of a non-profit or LLC, we recommend you apply as an organization.


Mark only one oval.

☐ I am applying as an individual artist. *Skip to question 3*

☐ I am applying as an organization. *Skip to question 20*

Income Eligibility

3. What was your annual income in 2024? *

 Dropdown

Mark only one oval.

- ☐ \$0 to \$20,000 *Skip to question 4*
- ☐ \$20,001 to \$29,999 *Skip to question 4*
- ☐ \$30,000 to \$44,999 *Skip to question 4*
- ☐ \$45,000 - \$54,999 *Skip to question 4*
- ☐ \$55,000 - \$64,999 *Skip to question 4*
- ☐ \$ 65,000 and above

Skip to section 3 (Application is not eligible, thank you for your interest!)

Application is not eligible, thank you for your interest!

Pay it Forward is a program is open to low-to-moderate income artists for performance and rehearsal. We encourage artists whose income allows them the opportunity to afford space to [check our website](#) and find out about other ways you may be able to perform in the Blue Room. Thank you!

Applicant Information - Individual Application

4. First Name *

5. Last Name *

6. Street Address *

7. City *

8. Zip code *

9. Phone *

Area code and number

10. What Massachusetts county do you live in? *

Mark only one oval.

☐ Franklin

☐ Hampden

☐ Hampshire

11. Share your website address or a link that best represents your work.

12. Share your Instagram (instagram.com/yourhandle)

Skip to question 13


About - Individual Application

CitySpace is committed to providing programs that are accessible and equitable, engaging participants from a diverse range of communities. The below information will help us fulfill that commitment.

13. Age *

Mark only one oval.

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+
- ☐ Prefer not to answer

14. What was your household income in 2024? (you, your spouse, and your tax dependents) *  Dropdown

Mark only one oval.

- ☐ \$0 to \$50,000
- ☐ \$50,000 - \$64,999
- ☐ \$65,000 - \$74,999
- ☐ \$75,000-\$84,999
- ☐ \$85,000-\$94,999
- ☐ Above \$95,000

15. How many dependents are in your household? *

16. Race *

Please respond in the way that most appropriately describes how you identify yourself.
Check all that may apply.

Check all that apply.

- ☐ African-American or Black
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Hispanic/Latinx
- ☐ Middle Eastern or North African (MENA)
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Prefer not to respond
- ☐ Other: _____

17. Please select if you identify as any of the following: *

Please respond in the way that most appropriately describes how you identify yourself.

Check all that apply.

- ☐ Black, Indigenous, and People of Color - BiPOC
- ☐ Lesbian, Gay, Bisexual, Trans, Queer+ - LGBTQ+
- ☐ Performer with disabilities
- ☐ None
- ☐ Other: _____

18. What barriers do you experience to accessing space for project development, performance, and/or rehearsals? *

19. As a part of the Pay It Forward Program you will receive a \$1,000 stipend and have a tech person and photographer provided for your event. With that in mind, briefly describe your budget for this project. What are your anticipated expenses? If your expenses exceed \$1,000, what is your plan to secure additional funding? *

Skip to question 37

Organization Application

20. Organization Name *

21. Primary Contact First Name *

22. Primary Contact Last Name *

23. Primary Contact Email Address *

24. Organization Street Address *

25. Organization City *

26. Organization Zip code *

27. Organization Phone *

(000) 000-0000

28. What Massachusetts county is the organization based? *

Pay It Forward is open to organizations in these three Massachusetts counties.

Mark only one oval.

☐

Franklin

☐

Hampden

☐

Hampshire

29. Share your organization's website address or a link that best represents your work. *

30. Share your organization's Instagram (instagram.com/yourhandle) *

Skip to question 31

About - Organization

CitySpace is committed to providing programs that are accessible and equitable, engaging participants from a diverse range of communities. The below information will help us fulfill that commitment.

31. *Who does the organization's project application serve?* *

Check all that apply.

- ☐ Low-to-moderate income people
- ☐ Black, Indigenous, and People of Color - BiPOC
- ☐ Lesbian, Gay, Bisexual, Trans, Queer+ - LGBTQ+
- ☐ People with disabilities
- ☐ Other: _____

32. Briefly describe the demographics of the organization's leadership. *

250 words or less.

33. What was the organization's operation (expenses) budget in 2024? *

Mark only one oval.

- ☐ Below \$20,000
- ☐ \$20,001- \$49,999
- ☐ \$50,000 - \$99,999
- ☐ \$100,000- \$249,999
- ☐ Above \$250,000
- ☐ Other: _____

34. How is this organization funded? 250 words or less. *

35. What barriers do you experience to accessing space for, project development, performance, and/or rehearsals? *

36. As a part of the Pay It Forward Program you will receive a \$1,000 stipend and have a tech person and photographer provided for your event. With that in mind, briefly describe your budget for this project. What are your anticipated expenses? If your expenses exceed \$1,000, what is your plan to secure additional funding? *

Skip to question 37

Project Information

37. Which discipline best describe your work. *

Mark only one oval.

- ☐ Dance
- ☐ Film/video/digital/electronic arts
- ☐ Literary
- ☐ Multi-disciplinary
- ☐ Music
- ☐ Theater
- ☐ Performance
- ☐ Other: _____

38. Please provide a clear description about how you anticipate using the time and venue if selected , e.g., continuing working on current projects, experimentation, rehearsing, reading, performing, writing, producing etc. *
- (250 words max.)

39. What are some elements you need to work on to further develop your work/project? *

(250 words max.)

40. Based on your interests and work goals previously mentioned, are there specific resources, facilities, or equipment you may require while in the Blue Room that are necessary to your practice/production? *

(250 words max.)

41. If any, describe any key individuals involved in the project. Who are they, and what will they add to the project. How did you come to the decision to include these individuals in your project?

(250 words max.)

42. Imagine you have access to the Blue Room from July to December of this year. In ^{*} one to two sentences, describe how many hours you are expecting to use the venue per month or per week? *For example:*
4 hours per week for rehearsal and 2 days for a public performance.
Or 1 full week for dress rehearsal, and three days/one weekend for performances.

Selected applicants will have an opportunity to amend and coordinate times with CitySpace. If you have specific dates in mind, please include them here.

43. Describe your public performance or event. What do you envision occurring at the events(s) or performance(s)? How many events/performances will there be? (500 words max)

44. Selected applicants may receive access to workshops, peer-to-peer cohort meetings, or one-on-one consultations. Which areas of focus would you like to participate in? ^{*}

Check all that apply.

- ☐ Budgeting/Finance
- ☐ Creative Feedback
- ☐ Fundraising
- ☐ Grant Writing
- ☐ Marketing
- ☐ Technical Consultation
- ☐ No thanks.
- ☐ Other: _____

45. Pay It Forward allows you to learn from other recipients through peer-to-peer cohort meetings. What skills can others learn from you? *

46. Resume /CV and/or bio *

Add resume/cv and/or bio here (A link to a resume is acceptable too or feel free to email your resume to hello@cityspaceeasthampton.org with your name and PIF_Resume in the subject line).

47. Please share a link to a publicity photo of yourself or your group or organization. *

This is the image that CitySpace will use in marketing and communications throughout the program, should you be selected. (feel free to email your images to hello@cityspaceeasthampton.org with your name and PIF_Images in the subject line).

48. How did you hear about the Pay It Forward opportunity?

Check all that apply.

☐ CitySpace website

☐ Facebook

☐ Instagram

☐ Google

☐ Friend

☐ Other: _____

49. All of the information provided in this application is true to the best of my knowledge. *

Check all that apply.

☐ yes

50. If your project is not eligible or selected for Pay It Forward program, would you be interested in a partnering with CitySpace to present your event in another capacity? *

Mark only one oval.

☐ yes

☐ no

☐ maybe

51. I have fully read and understand the Pay It Forward Guidelines and information. <https://www.cityspaceeasthampton.org/pif> *

Check all that apply.

☐ yes

52. Should I be accepted into Pay It Forward Program, I authorize CitySpace to use * the following items (Photo and Biography) on their website and to distribute in email communications.

Check all that apply.

☐ yes

53. You made it! Thank you for your application. Anything else we should know?
