

Space Needs of Arts Organizations

1. Organizational Information

* 1. Contact Information

Organization:	<input type="text"/>
Primary Contact:	<input type="text"/>
Title:	<input type="text"/>
Secondary Contact:	<input type="text"/>
Title:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
Telephone:	<input type="text"/>
Telephone:	<input type="text"/>
Fax:	<input type="text"/>
Email:	<input type="text"/>
Email:	<input type="text"/>

2. What fields/services does your organization provide? Please check all that apply.

- Theater
- Dance
- Visual Art
- Music
- Education/Outreach
- Performance
- Public Classes
- Professional Training
- Networking
- Other (please specify)

* 3. Date Founded:

* 4. Full-time staff

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* 5. Part-time staff:

* 6. Is your organization a Red Circle Member?

Yes

No

7. How did you hear about CuDC's facilities planning assistance?

CuDC website

Staff member

Former Client

Other (please specify)

2. Physical Space

* 8. I identify the types of spaces your organization has or requires.

Performance

Rehearsal

Exhibit

Classroom

Storage

Administrative

Shop

Lobby

Sales (Box Office, Merchandise, Concessions)

Other (please specify)

9. What is your organization's ideal space requirement? (in square feet)

1,000 - 5,000

5,000 - 15,000

15,000 - 30,000

30,000 - 50,000

50,000 +

Other (please specify)

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* 10. Is your organization currently:

- Seeking independent space
- Seeking shared space
- Planning expansion/renovation
- Planning to build a new facility
- Happy in your current home

11. If your organization is considering sharing space, which opportunities would be beneficial?

- Shared equipment
- Shared rehearsal space
- Shared classroom space
- Shared performance space
- Shared exhibit space
- Shared lobby space
- Shared conference room
- Shared office space
- Other (please specify)

12. What specific amenities does your organization's physical space demand?
Please check all that apply.

- Theater space
- Freight elevator
- Double doors
- Industrial sink
- Sound proofing/mitigation
- High ceilings (10 feet or higher)
- Sprung floor
- Ventilation
- High-speed Internet access
- Other (please specify)

3. Location

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* 13. What neighborhoods interest your organization?

- Downtown DC
- Columbia Heights
- U St/Shaw
- Upper Northwest
- Takoma Park
- Silver Spring
- H St, NE
- Brookland
- Capitol Hill
- Southwest
- Arlington
- Alexandria
- Other (please specify)

* 14. Please check your organization's accessibility requirements.

- Metro Accessibility
- Bus Accessibility
- Bike Parking
- Parking Lot
- Other (please specify)

15. What types of districts would be ideal for your organization to be near or located in?

- Restaurant district
- Residential housing
- Business district
- Performance venues
- Schools
- Shopping district
- Hotels
- Tourist destinations

4. Finances

* 16. What is your organization's current year's operating budget?

- Up to \$249,000
- \$250,000 - \$499,999
- \$500,000 - \$999,999
- \$1,000,000 and up

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* 17. What is your organization's current facilities expenses?

18. What is your organization's proposed annual facilities expenses, including new space?

19. Does your organization currently have a staff member responsible for facilities management?

Yes

No

20. Does your organization have the capacity to own and manage its own facility? Discuss your capacity.

21. What financial resources does your organization possess to invest in this facility?

- Government Grants
- Foundation Support
- Individual Donors
- Board Support
- Capital Campaign
- Reserves
- Other (please specify)

5. Timeline

22. What is your timeline for seeking new space?

Immediately

Within 1 year

Within 2 years

Flexible

Other (please specify)

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23. What do you see as your organization's biggest obstacle in acquiring new space?

24. How could this obstacle be overcome?

25. Please add any additional information that you believe will be informative in helping CuDC assist with your organization's facilities planning.