

Culture Lab Application

Use this form to apply to become a Culture Lab recipient. More details can be found at: <https://tarabnyc.org/introducing-the-tarab-nyc-culture-lab-funding-opportunity/>

Start by providing the submitter's email:

* Indicates required question

1. **Email ***

Applicant Information

The following questions refer to the person submitting this form.

2. **First Name ***

3. **Last Name ***

4. **Pronouns ***

5. **Street Address ***

6. **City ***

7. **State ***

8. **Postal Code ***

9. **Are you applying in collaboration with anyone else? ***

Mark only one oval.

Yes

No *Skip to question 22*

Co-Applicants

Use this form to add co-applicant information.

10. **Co-Applicant #1 First Name ***

11. **Co-Applicant #1 Last Name ***

12. **Co-Applicant #1 Email ***

13. **Co-Applicant #2 First Name**

14. **Co-Applicant #2 Last Name**

15. **Co-Applicant #2 Email**

16. **Co-Applicant #3 First Name**

17. **Co-Applicant #3 Last Name**

18. **Co-Applicant #3 Email**

19. **Co-Applicant #4 First Name**

20. **Co-Applicant #4 Last Name**

21. **Co-Applicant #4 Email**

Background Information

Provide background information about you and if applicable, your co-applicants.

22. **Briefly describe your demographic background(s).** *

Include ethnic, national, racial, gender, sexual orientation, religious, etc background information - as deemed important by you. For example: We are a group of egyptian queer coptic women working, recent immigrants and second generation. OR I am a gay iraqi sufi trans man. OR We are a mixed group of folks from various swana countries and all speak arabic.

23. **Tell us your connection to Tarab NYC or to queer and trans SWANA community work.** *

If you have volunteered for Tarab NYC in the past or attended events in the past, please include them in your response.

Project Overview

In this section you will give details about your proposed Culture Lab project.

24. **Project Name** *

25. **Project Summary: Describe your project in 1-2 paragraphs.** *

Include details like:

- What are you making or hosting? What will happen?
- Who is it for?
- Where will it take place? (What kind of place is fine too)
- Is this a one-time event or a series. Is it a product or resource?

26. **How does this project support queer and trans SWANA community in NYC?** *

27. **Why are you (or your team) best suited to implement this project?** *

28.

*

Please provide a general timeline of activities related to this project.

Your project can start as early as April 2026 but must be completed by December 2026. Include key milestones in your response.

29. **How much are you requesting? ***

30. **Provide a Basic Budget ***

Use the following format, feel free to add additional bullets:

- Payments to Individuals (Stipends, etc): \$XXX
- Supplies and Materials: \$XXX
- Space Rentals: \$XXX
- Food: \$XXX
- Printing: \$XXX
- Other Line Items (Provide Details) \$XXX

31. **Do you expect to fundraise, sell tickets, or raise revenue in some way?** *

Mark only one oval.

Yes

No

Unsure

32. **What will exist at the end of the project?** *

Examples: Resource page, documentation, toolkit, recordings, photos, videos, zine PDF, a stronger community, etc.

33. **How will you measure success?** *

Examples: attendance, feedback, downloads, signups, impact stories, views, etc

Agreements & Expectations

This section ask questions related to basic agreements and expectations related to the partnership.

34. *
Confirm that you understand this is not a grant and the project will be produced in partnership with Tarab NYC.

Mark only one oval.

Yes, I understand.

35. *
At the end of the partnership, all applicants must submit a final report - this should include a short written recap, including information like attendance count (or other measures), budget summary, feedback summary, lessons learned, etc. We may share this report or parts of it on our website and other forums for transparency and accountability. A template will be provided.

Mark only one oval.

Yes, I understand.

36. *
All direct payments to individuals will require the completion of a W-9 form. Are you able to provide a W-9 for each individual if selected? If no, choose other and explain why.

Mark only one oval.

Yes

Other:

37. **Is there anything else that you would like to share? Feel free to include links to any other materials you would like us to review.**

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