

2022 Dance Industry Census | Organized Entities



Note that not all questions in this PDF may appear in the online survey tool depending on your responses.

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About This Survey

Do you represent a business, non-profit organization, fiscally-sponsored group or project or other entity that works in dance?

Is your entity located in the New York City metropolitan area?

Dance/NYC requests your entity's participation in this Dance Industry

Census. By sharing your experiences and contributing your data alongside other organized entities and individual dance workers, you will make an impact. Your input will shape policies and practices that will provide meaningful change for the dance industry and its many workers.

Participation is voluntary. Participation may not benefit your entity directly but it will help Dance/NYC better advocate for and provide resources to support the New York City dance industry.

If you agree to participate:

- You will go through a series of questions about your entity's work, activity and attendance, financials, compensation levels, workforce, and demographics as well as what your entity and the dance field need to thrive.
- The survey should take approximately **45 minutes** to complete if you have relevant information on hand.
- A 'Save and Continue" feature is available in the survey toolbar (top of webpage starting on page 2) if you would like to save your progress and continue at a later time.
- This survey is anonymous. Study findings will be presented only in summary form. Please note that while Dance/NYC and Webb Mgmt (the study's research consultant) will keep your information confidential, there are some data security risks inherent in providing information via the internet. Review Dance/NYC's privacy policy and data use and protection policy for the study.

By completing this survey you are consenting to participate in this study.

If you are using a screen reader, you may need to use keyboard shortcuts to trigger choice options for questions. For more information on the census, accessibility features, or for staff support in completing the survey, please visit Dance.NYC/DanceIndustryCensus, call (212) 966-4452 (voice only), or email us at research@dance.nyc.

1. Would you like to take the survey?*

- Yes
- O No

Additional Information

A downloadable PDF version of this survey is available **HERE** for reference, or if you would like to complete it on paper before entering responses into the survey tool. Note that not all questions in the PDF may appear in the survey tool depending on your responses.

This survey is for businesses, non-profit organizations, fiscally-sponsored groups or projects and other organized entities that work in dance. If you are an individual that also works in dance, please also complete **THIS SURVEY** for individual dance workers.

2. Under what financial structure(s) is your entity organized? (Select all that apply.)
☐ 501(c)(3) non-profit organization
□ B-Corp
☐ Fiscal sponsorship
☐ Formal cooperative
☐ LLC, S-Corp, Corporation (C-Corp)
☐ Sole proprietorship (earnings are claimed as personal income)
☐ Decline to state
If not listed, please specify:
3. What year was your entity established?
4. Does your entity have a Board of Directors?
o Yes
O No
C I don't know
5. How many people currently sit on your Board of Directors?

6. What, if any, term limit applies to members of your board?
Answer in number of years.
7. What is the 5-digit zip code of your entity's headquarters? (If you prefer to decline to state, leave this blank.)
8. Does your entity rent or own its operational headquarters?
© Rent
Own Own
 Not applicable
Not listed, please specify:
9. Does your entity operate a facility or facilities?
o Yes
o No

10. Is your entity's operational headquarters also a place of residence?
Yes
O No
11. What type of entity do you operate? (Select all that apply.)
☐ Education
☐ Facility
☐ Media
☐ Presenting
☐ Producing (including dance company)
□ Service
☐ Union/management
Not listed, please specify:

12. Wh	nat kind of work does your entity do? (Select all that apply.)
ΠА	gency/artist management
ПС	Choreography
	Community organizing and/or advocacy
ПС	Priticism/writing
)ramaturgy
ΠЕ	ducation (teaching artistry)
□F	ilmmaking
	Media services (videography and photography)
	flusic/accompaniment
□Р	Performance
□Р	Presenting
□Р	Producing
□ s	Scholarship
□т	ech/creative services (lighting, sound, set/scenery, projection)
□ s	Services and support
□ s	Studio, venue or other facility management
☐ If	not listed, please specify:

13. What styles/genres/forms of dance is your entity's work most
closely associated with?
If this is not applicable to you, please enter N/A.
1
2
3
4
5
14. In addition to dance, with which of the following disciplines
14. In addition to dance, with which of the following disciplines does your entity also identify?
does your entity also identify?
does your entity also identify? (Select all that apply.)
does your entity also identify? (Select all that apply.) Film/Video
does your entity also identify? (Select all that apply.) Film/Video Digital Media Other Than Film/Video
does your entity also identify? (Select all that apply.) Film/Video Digital Media Other Than Film/Video Folk/Traditional Arts
does your entity also identify? (Select all that apply.) Film/Video Digital Media Other Than Film/Video Folk/Traditional Arts Literary Arts
does your entity also identify? (Select all that apply.) Film/Video Digital Media Other Than Film/Video Folk/Traditional Arts Literary Arts Music
does your entity also identify? (Select all that apply.) Film/Video Digital Media Other Than Film/Video Folk/Traditional Arts Literary Arts Music Theater
does your entity also identify? (Select all that apply.) Film/Video Digital Media Other Than Film/Video Folk/Traditional Arts Literary Arts Music Theater Visual Arts
does your entity also identify? (Select all that apply.) Film/Video Digital Media Other Than Film/Video Folk/Traditional Arts Literary Arts Music Theater Visual Arts We do not identify with another discipline in addition to dance

O No	
16. On average, how main a given year?	ny projects does your entity produce or present

15. Does your entity produce/present its own dance work?

Yes, Produce (including co-produce with partners)

Yes, Present (including co-present with partners)

Yes, Both Produce and Present

17. Where is your entity's work primarily presented? (Select all that apply.)

☐ Community centers/organizations (senior centers, youth centers, gyms, etc.)
☐ Digital platforms
☐ Educational sites (schools, academies, colleges, universities)
□ Film
☐ Proscenium theaters (fixed seats with stage at one end)
□ Non-proscenium theaters (variable seating and stage formats)
☐ Museums/galleries
□ Podcasts
☐ Public spaces and venues
☐ Site-specific locations
☐ Social media
□ Studios
If not listed, please specify:

18. Performance Activity: If relevant, please detail your entity's new work over the last full fiscal year. Use the categories provided. Write N/A if not applicable. Only use whole numbers. Count **World Premieres National Premeires Local Premieres** Works Commissioned Workshops/Readings of New Work Other

21. Briefly note the steps your entity has taken in the last three years to address diversity, equity, inclusion and social justice.
22. Do you provide accessibility accommodations to staff and visitors?
O Yes
© No
23. Please note the accessibility accommodations you provide to staff and visitors.
24. Is your entity affiliated with one or more unions or organized
collectives?
Yes
o No

. . .

25. What is your union affiliation? (Select all that apply.)		
☐ Actors Equity Association (AEA)		
American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)		
☐ American Guild of Musical Artists (AGMA)		
☐ American Guild of Variety Artists (AGVA)		
☐ Dance Artists' National Collective (DANC)		
☐ Freelancer's Union		
☐ International Alliance of Theatrical Stage Employees (IATSE)		
☐ Screen Actors Guild-American Federation of Television and Radio Artists (SAG-AFTRA)		
☐ Service Employees International Union (SEIU)		
If not listed, please specify:		
ctivity & Attendance		

26. Activity:

Please provide the number of program offerings your entity produced or presented in the following categories over the last full fiscal year. Use the categories provided as well as additional write-in categories if needed.

Enter N/A if not applicable.

Use whole numbers.

Number of Offerings Public performances in NYC Public performances on Tour **Tours** In-school programs Live self-produced programs Live presented programs Public classes and workshops Professional classes and workshops Broadcast programs (TV, radio) Digital programs (Classes, workshops) Digital programs (Live performance) Digital programs (Podcast, other) Enter another option Enter another option Enter another option Enter another option Enter another option

27. Attendance: Please provide program attendance figures (in-person and virtual) for the last full fiscal year. Enter N/A if not applicable. Use whole numbers.				
		Attendance		
	Paid, In-person			
	Free, In-person			
	Paid, Virtual			
	Free, Virtual			
	Enter another option			
	Enter another option			
inan	cials			
man	oidis			
28.	How do you classify the fir	nancial health of your entity?		
	Very Strong			
	Strong			
	C Average			
	Weak			
	○ Very Weak			

29. What was your entity's operating budget for 2019 or the last full fiscal year prior to the start of the pandemic in March 2020? Enter whole dollar amount in \$USD.			
30. Did your entity end 2019 (or the last full fiscal year prior to start of the pandemic in March 2020) with a surplus or deficit?			
Deficit			
Surplus			
© Balanced budget			
C I don't know			
31. Please enter the amount of the surplus or deficit for 2019 or the last full fiscal year prior to the pandemic. Enter whole dollar amount in \$USD. Do not use the positive or negative symbol.			
32. In what month and year did your last full fiscal year end?			
Month			
Year			

33. What was your entity's operating budget for the last full fiscal year?
Enter whole dollar amount in \$USD.
 34. Did your entity end your last full fiscal year with a deficit or surplus? Deficit Surplus Balanced budget I don't know
35. Please enter the amount of the surplus or deficit from your last full fiscal year. Enter the whole dollar amount in \$USD. Do not use the positive or negative symbol.
36. Does your entity carry any debt? • Yes • No
37. How much is your entity's debt load? Enter whole dollar amount in \$USD.

38. What is the nature of this debt? (e.g. mortgage, line of credit, bank loan, etc.)
39. Does your entity hold a cash reserve or savings?
YesNo
40. What is the total amount of the cash reserve or
savings? Enter whole dollar amount in \$USD.
41. Does your entity hold an endowment and/or investment accounts?
© Yes
O No
42. What is the total value of your endowment and investment
accounts? Enter whole dollar amount in \$USD.

43. Income Breakdown:

Please provide your entity's breakdown of income sources for your last full fiscal year.

Use the categories provided as well as additional write-in categories if needed.

Only use whole numbers and answer in percentages. Please ensure total equals 100%.

	% of Total Income
Earned Income (e.g. ticket sales, fees from commissions, classes/workshops, facility rentals)	
Private Foundations (including family foundations)	
Government - Federal	
Government - State	
Government - County	
Government - City	
Corporations (e.g. grants or donations)	
Individual Donors (not including board members)	
Board Members (if applicable)	
Enter another option	

44. Over the last full fiscal year, did you receive contributions via crowdfunding campaigns? (Select all that apply.)
C Yes
O No
 Not applicable
45. Briefly describe any in-kind donationsThe term 'in-kind donation' refers to any goods and services that are received directly by your entity. In-kind donations do not include gifts of money or stock. that you received (e.g. printing, rehearsal space, etc.)
46. Please estimate the financial value of these in-kind donations. Enter whole dollar amount in \$USD.

fiscal year.	reakdown of expenses for the last full sometimes well as additional write-in categories if
Only use whole numbers and ar 100%.	nswer in percentages. Total should equal
	% of Total Expenses
Administrative Personnel (e.g. salaries, wages, benefits and contractor fees)	
Artistic Personnel (e.g. salaries, wages, benefits and contractor fees)	
Facilities & Space (e.g. facility operations, space rentals, etc.)	
Programs	
General (e.g. office expenses, fundraising, etc.)	
Enter another option	

Compensation

48. Please provide base salary and total compensation for your **Executive Director/Administrative Lead and Artistic** Director/Administrative Lead for the last full fiscal year. Please also indicate the numbers of years each has held this position. *Total compensation should include approximate annualized taxable compensation (including, but not limited to, base salary, bonuses, incentive payments, housing allowances, and vehicle allowances, but excluding nontaxable benefits and reimbursements) Use whole numbers in \$USD. Total Compensation* Tenure (# Years Base Salary (\$) (\$) in Position) Executive Director/Administrative Lead Artistic Director/Artistic Lead

49. Please indicate typical employment type and salary or fee ranges for	or
relevant personnel types, also indicating the pay period as needed.	

Column 1: Enter typical employment type for this personnel type. (e.g. Full-time, Part-time, Contract/1099, etc)

Column 2: Enter salary/fee range with pay period (e.g. \$1,000/contract to \$5,000/contract or \$600/week to \$1,000/week or \$45,000/year to \$55,000/year, etc)

	1. Employment Type	2. Salary Range
Dancer/Dance or Movement Artist		
Creative Leads (e.g. designer, choreographer, etc)		
Production Staff (e.g. production manager, stage manager, etc)		
Junior Administrative Staff (e.g. assistant, intern, etc)		
Mid Level Administrative Staff (e.g. manager, coordinator, etc)		
Senior Administrative Staff (e.g. director, department lead, etc not including Executive Director/Artistic Lead)		
Enter another option		

	low does your entity determine compensation levels for onnel?
51. A	Are employees able to provide input on their wage levels?
O	Yes
0	No
Employ	ment & Staffing
52. C	Ouring the pandemic, did your entity experience:
0	Decrease in staffing levels
O	Increase in staffing levels
0	No change in staffing levels
O	No change in number of staff, but change in function and roles of staff
53. F	las your entity returned to pre-pandemic (2019) staffing levels?
O	Yes, exceeded 2019 staffing levels
0	Yes, returned to 2019 staffing levels
0	No

54. Since the start of the pandemic, has your entity's staffing structure, positions and/or roles changed? • Yes • No
55. Please list or describe these changes, noting positions that have been adjusted, eliminated and/or added since the start of the pandemic. (e.g. changes in overall staffing levels, title changes, changes in reporting relationships, etc.)
The following sections include questions about your entity's number of full-time (employment of more than 30 hours per week) and part-time (employment of less than 30 hours per week) employees as well as contract workers (gig workers, freelancers, consultants, independent contractors, etc.) and, if relevant, any benefits they are provided or eligible for.
Full-Time Employees
56. Does your entity employ full-time paid personnel? Full-time is defined as regular employment of 30 hours or more per week. Yes No

57. How many full-time paid personnel does your entity employ annually?
58. What roles do these full-time employees fulfill? (Select all that apply.)
☐ Administration/Office support
☐ Artist
☐ Company Manager
☐ Development/Fundraising
□ Director
☐ Documentation (photographer, videographer)
☐ Finance
Front of house (ushers, ticket takers, house managers)
☐ Human Resources
☐ Marketing/Communications/Social Media/Graphic Design
☐ Operations/IT
☐ Production
If not listed, please specify:

59. How are payments structured for full-time employees? (Select
all that apply.)
Annual salary paid monthly
☐ Annual salary paid bi-weekly
☐ Annual salary paid weekly
If not listed, please specify:
60. Do you believe that your entity offers a living wage to its full-time employees? For reference, an hourly living wage calculator can be found HERE.
Yes, for all
Yes, for some
O No
C I'm not sure
61. Has there ever been/is there currently an internal discussion around compensation changes for full-time employees?
C Yes
C No
C I'm not sure
62. What benefits does your entity offer to full-time employees? (Select
all that apply.)
☐ Medical insurance coverage paid at 100% by employer

	Medical insurance coverage with required employee contribution
	Medical insurance subsidy
	Medical insurance access with no portion paid by employer
	Dental insurance coverage paid at 100% by employer
	Dental insurance coverage with required employer contribution
	Dental insurance subsidy
	Dental insurance access with no portion paid by employer
	Disability coverage (New York and New Jersey require most employers to provide disability insurance)
	Retirement contribution
	Retirement match
	Life insurance
	Mental health care/support
	Flexible Spending Accounts (FSA) or Health Spending Accounts (HSA)
	Childcare support
	Commuter benefits
	Paid time off - Holiday
	Paid time off - Vacation
	Paid time off - Sick
	Paid time off- Professional development/sabbatical
	Paid leave (medical or family)
	Professional development subsidy
	Professional development opportunities
	Tuition assistance
	None of the above
	Decline to state
П	If not listed, please specify:

66. What roles do these part-time employees fulfill? (Select all that apply.)
☐ Administration/Office support
☐ Artist
☐ Company Manager
☐ Development/Fundraising
□ Director
☐ Documentation (photographer, videographer)
☐ Finance
Front of house (ushers, ticket takers, house managers)
☐ Human Resources
☐ Marketing/Communications/Social Media/Graphic Design
☐ Operations/IT
☐ Production
If not listed, please specify:

67. How are payments structured for part-time employees? (Select
all that apply.)
☐ Annual salary paid monthly
☐ Annual salary paid bi-weekly
☐ Annual salary paid weekly
☐ Monthly salary
☐ Weekly salary
☐ Daily rate
☐ Hourly wage
☐ Flat project fee
□ Tips
□ No defined payment structure
If not listed, please specify:
68. Do you believe that your entity offers a living wage to its part-time employees? For reference, an hourly living wage calculator can be found HERE.
C Yes, for all
Yes, for some
C No
C I'm not sure

surrounding compensation changes for part-time employees?
o Yes
o No
C I'm not sure
70. What benefits does your entity offer to part-time PAID employees? (Select all that apply.)
☐ Medical insurance coverage paid at 100% by employer
☐ Medical insurance coverage with required employee contribution
☐ Medical insurance subsidy
☐ Medical insurance access with no portion paid by employer
☐ Dental insurance coverage paid at 100% by employer
☐ Dental insurance coverage with required employer contribution
☐ Dental insurance subsidy
☐ Dental insurance access with no portion paid by employer
 Disability coverage (New York and New Jersey require most employers to provide disability insurance)
☐ Retirement contribution
☐ Retirement match
☐ Life insurance
☐ Mental health care/support
☐ Flexible Spending Accounts (FSA) or Health Spending Accounts (HSA)
☐ Childcare support
☐ Commuter benefits
Paid time off - Holiday

69. Has there ever been/is there currently an internal discussion

☐ Paid time off - Sick
☐ Paid time off- Professional development/sabbatical
☐ Paid leave (medical or family)
☐ Professional development subsidy
☐ Professional development opportunities
☐ Tuition assistance
■ None of the above
☐ Decline to state
If not listed, please specify:
ontract Workers/Independent Contractors
71 Doog your antity angage DAID independent contractors?
71. Does your entity engage PAID independent contractors?
o Yes
o Yes
o Yes

73. What roles do contract workers/independent contractors fulfill? (Select all that apply.)
☐ Administration/Office support
☐ Artist
☐ Company Manager
☐ Development/Fundraising
☐ Director
☐ Documentation (photographer, videographer)
☐ Finance
Front of house (ushers, ticket takers, house managers)
☐ Human Resources
Marketing/Communications/Social Media/Graphic Design
☐ Operations/IT
☐ Production
If not listed, please specify:

74. How are payments structured for contract
workers/independent contractors? (Select all that apply.)
☐ Monthly salary/retainer
☐ Weekly salary/retainer
☐ Daily rate
☐ Hourly rate
☐ Flat project fee
☐ No defined payment structure
If not listed, please specify:
75. Do you believe that your entity offers a living wage to its independent contractors? For reference, an hourly living wage calculator can be found HERE.
contractors? For reference, an hourly living wage calculator can be
contractors? For reference, an hourly living wage calculator can be found HERE.
contractors? For reference, an hourly living wage calculator can be found HERE. O Yes, for all
contractors? For reference, an hourly living wage calculator can be found HERE. O Yes, for all O Yes, for some
contractors? For reference, an hourly living wage calculator can be found HERE. O Yes, for all O Yes, for some O No
contractors? For reference, an hourly living wage calculator can be found HERE. O Yes, for all O Yes, for some O No O I'm not sure
contractors? For reference, an hourly living wage calculator can be found HERE. O Yes, for all O Yes, for some O No O I'm not sure

	hat benefits does your entity offer to independent contractors?
	Medical insurance subsidy
	Dental insurance subsidy
	Disability coverage
	Life insurance
	Mental health care/support
	Childcare support
	Commuter benefits
	Professional development subsidy
	Professional development opportunities
	Tuition assistance
	None of the above
	Decline to state
	If not listed, please specify:
Interns	
78. D	oes your entity engage interns?
O	Yes, full time
O	Yes, part time
0	Yes, on a project basis
O	No
Interns	

79. How many interns does your entity engage annually?
80. Do you provide financial compensation to your interns? • Yes • No
81. Do you believe that your entity offers a living wage to its interns? For reference, an hourly living wage calculator can be found HERE.
reference, an hourly living wage calculator can be found HERE.
reference, an hourly living wage calculator can be found HERE. O Yes, for all
reference, an hourly living wage calculator can be found HERE. O Yes, for all O Yes, for some

82. Do you provide any other types of compensation to interns?
(Select all that apply.)
☐ Educational credit
☐ Transportation
☐ Space to create or work
☐ No other types of compensation
☐ Decline to state
If not listed, please specify:
83. Are your entity's interns enrolled in an educational program?
Yes - all
Yes - some
© No
Unpaid Workers & Volunteers
84. Does your entity engage UNPAID workers and/or volunteers?
o Yes
O No
Unpaid Workers & Volunteers

85. About how many unpaid workers and/or volunteers does your entity engage annually?
86. About how many hours of work are performed by unpaid workers and/or volunteers in an average year?
87. What roles do unpaid workers/volunteers fulfill? (Select all that apply.)
☐ Administration/Office support
☐ Artist
Company Manager
☐ Development/Fundraising
Director
☐ Documentation (photographer, videographer)
Finance
Front of house (ushers, ticket takers, house managers)
☐ Human Resources
☐ Marketing/Communications/Social Media/Graphic Design
☐ Operations/IT
☐ Production
If not listed, please specify:

88. In the last year, has your entity provided a training program for volunteers?	
o Yes	
O No	
89. Do you provide any of these benefits to unpaid	
workers/volunteers? (Select all that apply.)	
☐ Space to create or work	
☐ Transportation	
☐ Tickets/admission at no cost	
☐ T-shirt or other merchandise	
☐ We don't provide non-monetary benefits	
☐ Decline to state	
If not listed, please specify:	
Demographics	
 □ Tickets/admission at no cost □ T-shirt or other merchandise □ We don't provide non-monetary benefits □ Decline to state □ If not listed, please specify: 	

•	et and maintain demographics for PAID STAFF, please portion that falls into the following identity categories.
The term ALAAN Arab, and Native The term LGBT	ve this information, leave this question (or portions) blank. NA refers to race/ethnicity, including African, Latinx, Asian, e American. Q+ refers to lesbian, gay, bisexual, transgender, and queer. s all non-straight, non-cisgender identities.
Use whole numb	pers in %.
% ALAANA	
% Disabled	
% Immigrant	
% LGBTQ+	

91. If you collect and maintain demographics for your Board of Directors, please indicate the proportion that falls into the following identity categories.
If you do not have this information, leave this question (or portions) blank. The term ALAANA refers to African, Latinx, Asian, Arab, and Native American. The term LGBTQ+ refers to lesbian, gay, bisexual, transgender, and queer. The + recognizes all non-straight, non-cisgender identities.
Use whole numbers in %.
% ALAANA
% Disabled
% Immigrant
% LGBTQ+
Leadership Demographics: Executive Director or Administrative Lead
92. Does your entity have an Executive Director or administrative
lead?
O No
Loadorchin Domographics: Evocutivo Director or Administrativo Load

Leadership Demographics: Executive Director or Administrative Lead

93. A (ge: nat generation is your Executive Director or administrative lead?
0	Generation Z (born 1999-2010)
0	Millennial (born 1982-1999)
0	Generation X (born 1965-1981)
0	Baby Boomer (born 1946-1964)
O	Silent/Greatest Generation (born before 1945)
0	Decline to state
perce be the What identi	ender Identity:Gender identity is defined as one's innermost self- ption along or outside of the gender spectrum. One's gender identity can e same or different from their sex assigned at birth. is your Executive Director or administrative lead's current gender ity? ct all that apply.)
	Agender
	Bigender
	Cisgender man (a person who identifies as a man who was assigned male at birth)
	Cisgender woman (a person who identifies as a female who was assigned female at birth)
	Gender fluid
	Gender non-conforming
	Genderqueer
	Intersex
	Man
	Nonbinary
	Queer

Questioning
Transgender man (a person who identifies as a man who was assigned female at birth)
Transgender woman (a person who identifies as a woman who was assigned male at birth)
Transgender
Two spirit
Woman
Decline to state
If not listed, please specify:

95. Sexual Identity: Sexual identity reflects an individual's sexual self-concept. Sexual identity can change throughout an individual's life, and may or may not align with sexual behavior or actual sexual orientation. What is your Executive Director or administrative lead's current sexual identity? (Select all that apply.) ☐ Asexual Bi+ Biromantic Bisexual Demiromantic Demisexual ☐ Gay Man ☐ Gay Woman Lesbian **Panromantic** Pansexual Queer Questioning □ Same-gender loving

96. Ethnic and/or Racial Identity: "Race" is typically associated with biology and linked with heritable traits and physical characteristics such as skin color or

☐ Straight or heterosexual

If not listed, please specify:

hair texture. "Ethnicity" is linked with cultural expression and identification, including national, tribal, religious, linguistic, and/or cultural origin. Dance/NYC acknowledges that both are social constructs and many individuals identify with several racial and/or ethnic backgrounds. The categories offered below represent Dance/NYC's efforts to be inclusive of the multiplicities of individual self-identification.

How does your Executive Director or administrative lead identify in terms of ethnic and/or racial identity? (Please select all that apply.)

Asian
☐ Asian
☐ Asian-American
☐ Chinese
□ Indian
□ Filipino
□ Vietnamese
□ Korean
☐ Japanese
☐ Taiwanese
☐ Sri Lankan
□ Pakistani
□ Bangladeshi
Any additional Asian background
Black
☐ African
☐ African-American
□ Black
☐ Caribbean
Any additional Black background

Hi	spanic//Latine
	Central American
	Cuban
	Hispanic/Latine and/or Latina/o/x
	Mexican/Xicanx and/or Chicanx/a
	Puerto Rican
	South American
	Any additional Hispanic/Latine ba
Mi	ddle Eastern/North African
	Middle Eastern/North African
	Armenian
	Azerbaijani
	Egyptian
	Georgian
	Kurdish
	Persian
	Turkish
	Any additional Middle Eastern/No
Na	tive American/American Indian/
	Apache
	Arapaho
	Blackfeet
П	Canadian & French American Ind

	Central American Indian
	Cherokee
	Cheyenne (Northern and Southern)
	Chickasaw
	Chippewa
	Choctaw F
	Colville
	Comanche
	Cree
	Creek
	Crow
	Delaware (Lenape)
	Норі
	Houma
	Iroquois
	Kiowa
	Lumbee
	Menomine
	Mexican American Indian
	Navajo
	Osage
	Ottawa
	Paiute
	Pima
	Potawatome
	Pueblo

☐ Puget Sound Salish
☐ Seminole
☐ Shoshone
□ Sioux
☐ South American Indian
☐ Spanish American Indian
☐ Tohono O'odham
□ Ute
□ Yakama
□ Yaqui
□ Yuman
☐ Alaskan Athabaskans
□ Aleut
□ Inupiat
☐ Tlingit-Haida
☐ Tsimshian
□ Yup'i
Any additional Native American/American Indian/Alaska Native background
Native Hawaiian/Pacific Islander
☐ Native Hawaiian
☐ Pacific Islander
□ Samoan
☐ Chamorro
□ Fijian
□ Palauan

□ Tongan	
☐ Tahitian	
Any additional Native Hawaiian/Pacific Islander background	
White	
☐ Caucasian	
☐ European	
Any additional White background	
Multi-racial or multi-ethnic	
Multi-racial or multi-ethnic	
Prefer to self-identify	
Prefer to self-identify	
Decline to state	
☐ Decline to state	

97. Disability Identity: "Disability" and "Disabled" as used by Dance/NYC are intended as markers of identity and membership within a specific minority group. The use of the term disability is not intended to assign medical significance. This use of language follows movements in disability studies and disability rights, discussed in detail in Simi Linton's Claiming Disability: Knowledge and Identity (similinton.com/about_claim.htm). The term disability encompasses a set of experiences, including mobility and physical, sensory, intellectual, cognitive/learning, and psychological, whether readily apparent or not.

Does your Executive Director or administrative lead identify as disabled?

_	` '
	Yes

O No

98. (Select all that apply.)

The Executive Director or administrative lead identifies as a:

Person with a communication disorder, who is unable to speak, or who uses a device to speak
☐ Person with an emotional or behavioral disability
☐ Person who is deaf or hard of hearing
☐ Person who is blind or has limited or low vision
Person with an intellectual, cognitive, or developmental disability
Person with a learning disability
☐ Person with a physical disability or who requires mobility assistance
☐ My disability is not listed here
☐ Decline to state
If you did not find the disability in the list above, you may indicate it here

99. Immigrant Identity:Dance/NYC embraces a wide understanding of the term
"immigrant" in this research and its recommendations—one that allows
individuals to self-identify as immigrants regardless of their legal classification
and includes foreign-born people in the United States and their descendants,
inclusive of first, second, and third generation immigrants. Dance/NYC
recognizes the term as a marker for identification and membership within
specific minority groups connected by social, political, and cultural
experiences.

Does your Executive Director or administrative lead identify as an immigrant?

_	` '
	Yes
	1 53

- O No
- Decline to state

Leadership Demographics: Artistic Director or Artistic Lead

100. Does your entity have an Artistic Director or artistic lead who is different from your Executive Director or administrative lead?

O Yes

O No

Leadership Demographics: Artistic Director or Artistic Lead

101. **Age:**

Of what generation is your Artistic Director or artistic lead?

- Generation Z (born 1999-2010)
- Millennial (born 1982-1999)
- © Generation X (born 1965-1981)
- © Baby Boomer (born 1946-1964)
- Silent/Greatest Generation (born before 1945)
- Decline to state

102. Gender Identity:Gender identity is defined as one's innermost selfperception along or outside of the gender spectrum. One's gender identity can be the same or different from their sex assigned at birth.

What is your Artistic Director or artistic lead's current gender identity (Select all that apply.)

☐ Agender	
□ Bigender	
☐ Cisgender man (a person who identifies as a male at birth)	an who was assigned
☐ Cisgender woman (a person who identifies as a assigned female at birth)	female who was
☐ Gender fluid	
☐ Gender non-conforming	
☐ Genderqueer	
□ Intersex	
□ Man	
□ Nonbinary	
□ Queer	
☐ Questioning	
☐ Transgender man (a person who identifies as a female at birth)	man who was assigned
Transgender woman (a person who identifies as assigned male at birth)	s a woman who was
☐ Transgender	
☐ Two spirit	
□ Woman	
☐ Decline to state	
If not listed, please specify:	

Sexual identity can change throughout an individual's life, and may or may not align with sexual behavior or actual sexual orientation. What is your Artistic Director or artistic lead's current sexual identity? (Select all that apply.) □ Asexual Bi+ Biromantic Bisexual Demiromantic Demisexual ☐ Gay Man Gay Woman Lesbian **Panromantic** Pansexual Queer Questioning Same-gender loving Straight or heterosexual Decline to state If not listed, please specify:

103. Sexual Identity: Sexual identity reflects an individual's sexual self-concept.

104. Ethnic and/or Racial Identity: "Race" is typically associated with biology and linked with heritable traits and physical characteristics such as skin color

or hair texture. "Ethnicity" is linked with cultural expression and identification, including national, tribal, religious, linguistic, and/or cultural origin. Dance/NYC acknowledges that both are social constructs and many individuals identify with several racial and/or ethnic backgrounds. The categories offered below represent Dance/NYC's efforts to be inclusive of the multiplicities of individual self-identification.

How does your Artistic Director or artistic lead identify in terms of ethnic and/or racial identity? (Select all that apply.)

	· · · · · · · · · · · · · · · · · · ·	 •	
As	sian		
	Asian		
	Asian-American		
	Chinese		
	Indian		
	Filipino		
	Vietnamese		
	Korean		
	Japanese		
	Taiwanese		
	Sri Lankan		
	Pakistani		
	Bangladeshi		
	Any additional Asian background		
Bla	ack		
	African		
	African-American		
	Black		
	Caribbean		
	Any additional Black background		

Hi	spanic//Latine
	Central American
	Cuban
	Hispanic/Latine and/or Latina/o/x
	Mexican/Xicanx and/or Chicanx/a
	Puerto Rican
	South American
	Any additional Hispanic/Latine ba
Mi	ddle Eastern/North African
	Middle Eastern/North African
	Armenian
	Azerbaijani
	Egyptian
	Georgian
	Kurdish
	Persian
	Turkish
	Any additional Middle Eastern/No
Na	tive American/American Indian/
	Apache
	Arapaho
	Blackfeet
П	Canadian & French American Ind

	Central American Indian
	Cherokee
	Cheyenne (Northern and Southern)
	Chickasaw
	Chippewa
	Choctaw F
	Colville
	Comanche
	Cree
	Creek
	Crow
	Delaware (Lenape)
	Норі
	Houma
	Iroquois
	Kiowa
	Lumbee
	Menomine
	Mexican American Indian
	Navajo
	Osage
	Ottawa
	Paiute
	Pima
	Potawatome
	Pueblo

☐ Puget Sound Salish
☐ Seminole
☐ Shoshone
□ Sioux
☐ South American Indian
☐ Spanish American Indian
☐ Tohono O'odham
□ Ute
□ Yakama
□ Yaqui
□ Yuman
☐ Alaskan Athabaskans
□ Aleut
□ Inupiat
☐ Tlingit-Haida
☐ Tsimshian
□ Yup'i
Any additional Native American/American Indian/Alaska Native background
Native Hawaiian/Pacific Islander
☐ Native Hawaiian
☐ Pacific Islander
□ Samoan
☐ Chamorro
□ Fijian
□ Palauan

□ Tongan
□ Tahitian
Any additional Native Hawaiian/Pacific Islander background
White
□ Caucasian
□ European
Any additional White background
Multi-racial or multi-ethnic
Multi-racial or multi-ethnic
Prefer to self-identify
Prefer to self-identify
Decline to state
☐ Decline to state

105. Disability Identity: "Disability" and "Disabled" as used by Dance/NYC are intended as markers of identity and membership within a specific minority group. The use of the term disability is not intended to assign medical significance. This use of language follows movements in disability studies and disability rights, discussed in detail in Simi Linton's Claiming Disability: Knowledge and Identity (similinton.com/about_claim.htm). The term disability encompasses a set of experiences, including mobility and physical, sensory, intellectual, cognitive/learning, and psychological, whether readily apparent or not.

Does your Artistic Director or other artistic lead identify as disabled?

_	` '
\circ	Yes

O No

106. (Select all that apply.) The Artistic Director or artistic lead identifies as a: Person with a communication disorder, who is unable to speak, or who uses a device to speak Person with an emotional or behavioral disability Person who is deaf or hard of hearing Person who is blind or has limited or low vision Person with an intellectual, cognitive, or developmental disability Person with a learning disability Person with a physical disability or who requires mobility assistance My disability is not listed here Decline to state If you did not find the disability in the list above, you may indicate it here

107. Immigrant Identity:Dance/NYC embraces a wide understanding of the term "immigrant" in this research and its recommendations—one that allows individuals to self-identify as immigrants regardless of their legal classification and includes foreign-born people in the United States and their descendants, inclusive of first, second, and third generation immigrants. Dance/NYC recognizes the term as a marker for identification and membership within specific minority groups connected by social, political, and cultural experiences.

Does your Artistic Director or artistic lead identify as an immigrant?

Yes

O No

108. Does your entity have a Board Chair/President who is different from your Executive Director/administrative lead and/or Artistic Director/artistic lead?

- O Yes
- O No

Leadership Demographics/Board President

109. Age:

Of what generation is your Board Chair/President?

- C Generation Z (born 1999-2010)
- Millennial (born 1982-1999)
- © Generation X (born 1965-1981)
- © Baby Boomer (born 1946-1964)
- Silent/Greatest Generation (born before 1945)
- Decline to state

110. Gender Identity:Gender identity is defined as one's innermost selfperception along or outside of the gender spectrum. One's gender identity can be the same or different from their sex assigned at birth.

What is your Board Chair/President's current gender identity? (Select all that apply.)

☐ Agender	
□ Bigender	
☐ Cisgender man (a person who identifies as a male at birth)	an who was assigned
☐ Cisgender woman (a person who identifies as a assigned female at birth)	female who was
☐ Gender fluid	
☐ Gender non-conforming	
☐ Genderqueer	
□ Intersex	
□ Man	
□ Nonbinary	
□ Queer	
☐ Questioning	
☐ Transgender man (a person who identifies as a female at birth)	man who was assigned
Transgender woman (a person who identifies as assigned male at birth)	s a woman who was
☐ Transgender	
☐ Two spirit	
□ Woman	
☐ Decline to state	
If not listed, please specify:	

111. Sexual Identity:Sexual identity reflects an individual's sexual self-concept. Sexual identity can change throughout an individual's life, and may or may not align with sexual behavior or actual sexual orientation. What is your Board Chair/President's current sexual identity?
(Select all that apply.)
☐ Asexual
□ Bi+
☐ Biromantic
☐ Bisexual
Demiromantic
☐ Demisexual
☐ Gay Man
☐ Gay Woman
☐ Lesbian
Panromantic
☐ Pansexual
□ Queer
☐ Questioning
☐ Same-gender loving
☐ Straight or heterosexual
☐ Decline to state
If not listed, please specify:

112. Ethnic and/or Racial Identity: "Race" is typically associated with biology and linked with heritable traits and physical characteristics such as skin color

or hair texture. "Ethnicity" is linked with cultural expression and identification, including national, tribal, religious, linguistic, and/or cultural origin. Dance/NYC acknowledges that both are social constructs and many individuals identify with several racial and/or ethnic backgrounds. The categories offered below represent Dance/NYC's efforts to be inclusive of the multiplicities of individual self-identification.

How does your Board Chair/President identify in terms of ethnic and/or racial identity? (Please select all that apply.)

Asian
☐ Asian
☐ Asian-American
☐ Chinese
□ Indian
□ Filipino
□ Vietnamese
□ Korean
☐ Japanese
☐ Taiwanese
☐ Sri Lankan
□ Pakistani
□ Bangladeshi
Any additional Asian background
Black
☐ African
☐ African-American
□ Black
□ Caribbean
Any additional Black background

Hi	spanic//Latine
	Central American
	Cuban
	Hispanic/Latine and/or Latina/o/x
	Mexican/Xicanx and/or Chicanx/a
	Puerto Rican
	South American
	Any additional Hispanic/Latine back
Mi	ddle Eastern/North African
	Middle Eastern/North African
	Armenian
	Azerbaijani
	Egyptian
	Georgian
	Kurdish
	Persian
	Turkish
	Any additional Middle Eastern/No
Na	ntive American/American Indian/
	Apache
	Arapaho
	Blackfeet
П	Canadian & French American Indi

	Central American Indian
	Cherokee
	Cheyenne (Northern and Southern)
	Chickasaw
	Chippewa
	Choctaw F
	Colville
	Comanche
	Cree
	Creek
	Crow
	Delaware (Lenape)
	Норі
	Houma
	Iroquois
	Kiowa
	Lumbee
	Menomine
	Mexican American Indian
	Navajo
	Osage
	Ottawa
	Paiute
	Pima
	Potawatome
	Pueblo

☐ Puget Sound Salish
□ Seminole
☐ Shoshone
□ Sioux
☐ South American Indian
☐ Spanish American Indian
☐ Tohono O'odham
□ Ute
□ Yakama
□ Yaqui
□ Yuman
☐ Alaskan Athabaskans
□ Aleut
□ Inupiat
☐ Tlingit-Haida
☐ Tsimshian
□ Yup'i
Any additional Native American/American Indian/Alaska Native background
Native Hawaiian/Pacific Islander
☐ Native Hawaiian
☐ Pacific Islander
□ Samoan
☐ Chamorro
□ Fijian
□ Palauan

□ Tongan
☐ Tahitian
Any additional Native Hawaiian/Pacific Islander background
White
□ Caucasian
□ European
Any additional White background
Multi-racial or multi-ethnic
Multi-racial or multi-ethnic
Prefer to self-identify
Prefer to self-identify
Decline to state
☐ Decline to state

113. Disability Identity:Disability" and "Disabled" as used by Dance/NYC are intended as markers of identity and membership within a specific minority group. The use of the term disability is not intended to assign medical significance. This use of language follows movements in disability studies and disability rights, discussed in detail in Simi Linton's Claiming Disability: Knowledge and Identity (similinton.com/about_claim.htm). The term disability encompasses a set of experiences, including mobility and physical, sensory, intellectual, cognitive/learning, and psychological, whether readily apparent or not.

Does your Board Chair/President identify as disabled?

_	Voc
	Yes

O No

114. (Select all that apply.) The Board Chair/President identifies as a: Person with a communication disorder, who is unable to speak, or who uses a device to speak Person with an emotional or behavioral disability Person who is deaf or hard of hearing Person who is blind or has limited or low vision Person with an intellectual, cognitive, or developmental disability Person with a learning disability Person with a physical disability or who requires mobility assistance My disability is not listed here Decline to state If you did not find the disability in the list above, you may indicate it here

115. Immigrant Identity:Dance/NYC embraces a wide understanding of the term "immigrant" in this research and its recommendations—one that allows individuals to self-identify as immigrants regardless of their legal classification and includes foreign-born people in the United States and their descendants, inclusive of first, second, and third generation immigrants. Dance/NYC recognizes the term as a marker for identification and membership within specific minority groups connected by social, political, and cultural experiences.

Does your Board Chair/President identify as an immigrant?

- Yes
- O No
- Decline to state

117. What are the key issues facing your entity and its ability to effectively do its work and fulfill its goals?
118. What resources does your entity need to support its work?

119. What new or different skills, training or technical assistance does your entity need to support its work and contribution to the field?
120. Is there anything else you want to share here?
Thank You!

Thank you for completing the Dance Industry Census. We are grateful for the time and input you have provided and we are committed to ensuring that your labor and insights are honored through our work to influence meaningful change for the industry and its workers.

Please complete **THIS FORM** for updates and to participate further in Dance/NYC's Dance. Workforce. Resilience. Initiative and this study. Contact information will NOT be connected to your answers to this survey.

Please encourage individual dance workers to complete **THIS SURVEY** as well.

This study is funded by a coalition of public and private funders. For a full list visit https://www.dance.nyc/DanceWorkforceResilience/About.