



ARTS EDUCATION APPLICATION  
COVER PAGE

**Applicant Data**

Name of School \_\_\_\_\_

Contact Person Name \_\_\_\_\_

Contact Person Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State NC Zip \_\_\_\_\_

County Cabarrus

Contact Information: phone (w) \_\_\_\_\_ (cell) \_\_\_\_\_

e-mail \_\_\_\_\_ website \_\_\_\_\_

**Ongoing Arts Program Information**

Please give a brief description of your school's current arts programs and services, how many contact hours students have in arts classes, and number of special arts presentations each year.



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**SUMMARY PAGE**

School Name \_\_\_\_\_

**Grant Request \$** \_\_\_\_\_ (Must be matched 1:1)

Previous Grant Amount Received \$ \_\_\_\_\_ School year \_\_\_\_\_

Program Start Date \_\_\_\_\_ Program End Date \_\_\_\_\_

**Multicultural Artistic Leadership**

To ensure that Grassroots arts programs reflect the racial and ethnic diversity of our county, Cabarrus Arts Council is required to spend a percentage of its annual county allotment on programming that reflects African American, Asian American, Latino and Native American cultures. This requirement is met through supporting arts programming conducted by artists, ensembles, or organizations of color.

Do 50% or more of the artistic leaders for this project identify as African American, Asian American, Latino, or Native American? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the cultural background(s) of your artistic leaders?

**Project Description**

Please include the purpose, artist(s) used, and how it will reach the public outside of the school.





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**BUDGET SUMMARY PAGE**

School Name \_\_\_\_\_

**Budget Summary of Proposed Project**

*This page is only a budget summary. You must also provide an itemized budget as an attachment.*

<b>Project Expenses</b>	Cash	=	Grant Amount	+	Applicant
	Expenses		Requested		Cash Match
<b>A Personnel</b>					
Administrative staff	_____		_____		_____
Artistic staff	_____		_____		_____
Technical/Production staff	_____		_____		_____
<b>B Outside Fees and Services</b>					
Artistic contracts	_____		_____		_____
Other contracts	_____		_____		_____
<b>C Space Rental</b>					
_____	_____		_____		_____
<b>D Travel</b>					
_____	_____		_____		_____
<b>E Marketing</b>					
_____	_____		_____		_____
<b>F Remaining Project Expenses</b>					
_____	_____		_____		_____
<b>G Total Cash Expenses</b>	_____	=	_____	+	_____

<b>Project Income</b>	Cash Income
<b>A Admissions</b>	
	_____
<b>B Contracted Services Revenue</b>	
	_____
<b>C Other Revenue</b>	
	_____
<b>D Private Support</b>	
Corporate support	_____
Foundation support	_____
Other private support	_____
<b>E Government Support</b>	
Federal	_____
State/regional (not including this request)	_____
Local	_____
<b>F Applicant Cash</b>	
	_____
<b>G Grant Amount Requested</b>	
in this application	_____
<b>H Total Cash Income</b>	
(must at least equal Total Cash Expenses,	_____



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ATTACHMENT PAGE

**Applicant Attachments**

Please use this checklist to make sure you have completed your application properly. Collate your ten packets with paper clips on three-hole punch paper in the order below:

- \_\_\_ Completed Application Cover Page
- \_\_\_ Completed Application Summary Page
- \_\_\_ Completed Budget Summary Page
- \_\_\_ Artist names and websites
- \_\_\_ Letters of support from collaborating schools, if applicable

**Certification**

We certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of our knowledge.

Name of Principal \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and Position of Project Coordinator \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_