



PROJECT ASSISTANCE APPLICATION

Applicant Data

Name of Organization _____

Mailing Address _____

City _____ State NC Zip _____ County Cabarrus

Website _____

Organization's EIN: _____ Organization's UEI: _____

Contact Person

Name _____

Title _____

Contact Information: (w) _____ (cell) _____

E-mail _____

____ Check here if you are using a Fiscal Agent and complete the Fiscal Agent Page of this document.

Organization Information

Please give a brief description of your organization (Public schools and other large governmental or community agencies should provide a description of their arts program only rather than the entire organization):

- A. OVERVIEW Please give a brief description of your organization, including mission, board and staff composition, commitment to arts programming, and fundraising/ revenue plans to support the match required for this grant.
- B. ARTISTIC EXCELLENCE Describe your past work in providing arts experiences, how you've evaluated success with those programs, and lessons from that experience you all by incorporating into the current project.
- C. IMPACT Describe who your organization typically serves and the anticipated number of participants/members/ audiences for the programs supported with this grant. Describe the demographics (race, age, gender, special populations) of the community members you intend to reach with this project and how you plan outreach and marketing efforts to engage that audience.

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?

Organizational Finances

Last Year Actual FY _____	Current Year FY _____
Actual Income \$ _____	Projected Income \$ _____
Actual Expenses \$ _____	Projected Expenses \$ _____

Fiscal year of applicant: _____ through _____
month/day month/day

CURRENT PROJECT ASSISTANCE REQUEST

Grant Request \$ _____ (Must be matched 1:1)
Previous Grant Amount Received \$ _____ Fiscal year _____

Project Start Date _____ Project End Date _____
(Eligible dates between January 1, 2024 and June 30, 2024)

Project Narrative

Please attach a narrative providing the information requested below for the project you propose. Please be concise and specific as possible:

1. Project title or summary description
2. Project goals
4. Location where project will take place
5. Description of project activities
6. Description of the artists to be involved in the project, how and why they were chosen and, if appropriate, the rate of payment for their services (If you have not yet selected the artists, describe the kinds of artists you intend to involve and how you will select them.)
7. Description of how the project will be publicized and promoted to reach intended participants
8. Description of how you will evaluate the project

PROJECT BUDGET SUMMARY

Applicant Name _____

Budget Summary of Proposed Project

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

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

Describe what you include in remaining project expenses:

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

If your project is approved for funding, but less than the full amount you requested, how will you adjust? (For example, other sources of funding, reduced programming, etc)

Applicant Attachments

Please use this checklist to make sure you have completed your application properly.

- ___ Completed Application including Project Narrative
- ___ Itemized Project Budget
- ___ IRS tax determination letter
- ___ Independent Audit or year-end financial statements for the most recently completed fiscal year.

All application materials, including attachments, should be emailed to heather@cabarrusartscouncil.org by Noon on January 22nd, 2023. DO NOT send hard copies.

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 and Position of Authorizing Official _____

Signature _____ Date _____

Name and Position of Project Coordinator _____

Signature _____ Date _____