 

**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):

1. 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.
2. 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.
3. 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 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_