**ARTS EDUCATION APPLICATION**

**All application materials due September 13th at noon via email to** **heather@cabarrusartscouncil.org**

**Applicant Data**

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

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

If you received a Grassroots Grant in prior years, describe how that grant was used, the impact for students, and lessons learned that inform your current application.

**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?

CURRENT ARTS EDUCATION REQUEST

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

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

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

**Project Description**

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

3. Description of project activities

4. 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.)

5. Description of how the project will be publicized and promoted to reach intended students/ participants

6. Description of how you will evaluate the project

School 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**  \_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_ + \_\_\_\_\_\_\_\_\_\_\_\_

**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)

**Applicant Attachments**

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

\_\_\_\_Completed Application including Project Narrative

\_\_\_\_ Itemized Project Budget

\_\_\_\_Artist names and websites

\_\_\_\_Letters of support from collaborating schools, if applicable

All application materials, including attachments, should be emailed to heather@cabarrusartscouncil.org by **September 13, 2024 at NOON.** 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 of Principal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_