**PROJECT ASSISTANCE APPLICATION**

**Application deadline: September 13th, 2024 at NOON via email to** [**heather@cabarrusartscouncil.org**](about:blank)

All application materials, including attachments, should be emailed**.** DO NOT send hard copies.

**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. Contact [liz@cabarrusartscouncil.org](about:blank) to check eligibility and receive the required Fiscal Agent form to submit with your application.

**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 will be 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. *If the project you are currently requesting funding for was supported with Grassroots funding previously, describe how you evaluated your impact, measured success and plan for program changes this coming year.*

**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 Completed Year 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 \_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Narrative**

Please attach a narrative providing the information requested below for the project you propose.

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

**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

\_\_\_\_IRS tax determination letter

\_\_\_\_Independent Audit or year-end financial statements for the most recently completed fiscal year.

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**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_