PROJECT ASSISTANCE APPLICATION

Application deadline: September 13th, 2024 at NOON via email to heather@cabarrusartscouncil.org
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 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):
- 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 will be 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. *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 Expenses	=	Grant Amount Requested	+	Applicant 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_____