



PROJECT ASSISTANCE APPLICATION
COVER PAGE

Applicant Data

Name of Organization _____

Contact Person Name _____

Contact Person Title _____

Mailing Address _____

City _____ State NC Zip _____

County Cabarrus

Contact Telephone (w) _____ (h) _____ (cell) _____

fax _____ e-mail _____ website _____

____ 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, including mission, current arts programs and services, number and kinds of people served. Non-arts agencies should provide a description of arts programs only rather than the entire organization.

Budget Statements

Please complete the information on the following years' arts program budgets in your organization:

FY 2016-2017 year-end report

Income: \$ _____

Expense: \$ _____

FY 2017-2018 year-end report

Income: \$ _____

Expense: \$ _____

FY 2018-2019 budget

Income: \$ _____

Expense: \$ _____



PROJECT ASSISTANCE APPLICATION
SUMMARY PAGE

Applicant Name _____

2018-2019 Grant Request \$ _____ Grant Amount Received 2017-2018 \$ _____

Project Start Date _____ Project End Date _____

Briefly describe your project activities using no more than 25 words in the space below:

Narrative

Please attach an application narrative following the instructions in the *Composing the Narrative* Section of the Project Grant Guidelines.

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 _____

Fiscal Agent (when applicable) Organization _____

Name and Position of Fiscal Agent
Official _____

Signature _____ Date _____



PROJECT ASSISTANCE APPLICATION
BUDGET SUMMARY PAGE

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)	_____



PROJECT ASSISTANCE APPLICATION
ATTACHMENT PAGE

Applicant Attachments

Please use this checklist to make sure you have completed your application properly. Collate your ten packets with paper clips on three-hole punch paper in the order below:

- ___ Completed Application Cover Page, original and 9 copies
- ___ Completed Application Summary Page, original and 9 copies
- ___ Narrative (up to 3 pages), 10 copies
- ___ Completed Budget Summary Page, original and 9 copies
- ___ Detailed project budget
- ___ IRS tax determination letter
- ___ Arts programs expense and income statements for years 2016-2017 and 2017-2018
- ___ Independent Audit or year-end financial statements for 2016-2017
- ___ Resumes of artists and key personnel
- ___ Co-signed contract or letter of intent from artists
- ___ Letters of support from collaborating partners, if applicable