 ORGANIZATION SUPPORT APPLICATION

COVER PAGE

**Applicant Data**

Name of Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_ NC\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County Cabarrus

Contact Information: phone (w)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_website\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Narrative**

Please provide the information requested in the **Guidelines** under **Composing the Narrative**. The Narrative should be 400 to 700 words

**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 organization identify as African American, Asian American, Latino, or Native American? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If yes, please describe the cultural background(s) of your artistic leaders?

**Budget Summary**

Fiscal year of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

month/day month/day

Note: Year end reports are the actual financial report from the last month of the fiscal year.

Budget is the proposed budget to guide you in the upcoming fiscal year.

**Year -end Financial Report** **Year-end Financial Report** **Budget**

1 year prior to most Most recently completed Upcoming year

recently completed fiscal year fiscal year

Income: $\_\_\_\_\_\_\_\_\_\_\_\_ Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Income: $\_\_\_\_\_\_\_\_\_\_\_\_

Expense: $\_\_\_\_\_\_\_\_\_\_\_ Expense: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Expense: $\_\_\_\_\_\_\_\_\_\_\_\_

 ORGANIZATION SUPPORT APPLICATION

SUMMARY PAGE

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Operating Grant Request** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Grant Received: $\_\_\_\_\_\_\_\_\_\_\_ Fiscal year: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe the general operating funds that this grant will support.**

**Capacity Building Request** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please outline the specific short term capacity building costs for which you are requesting additional support.**

**Applicant Attachments**

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

\_\_\_Completed Application Cover Page

\_\_\_Completed Application Summary Page

\_\_\_Narrative

\_\_\_Budget for next fiscal year

\_\_\_ Detailed financial report (budget under $125,000) or audit (budgets of $125,000 plus) of most recent completed fiscal year

\_\_\_Names, addresses, emails, phone numbers and ethnicity of Board of Directors

\_\_\_ IRS tax determination letter

\_\_\_Organization By-Laws

**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.

Signature Executive Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_

Signature Board President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_

Signature Board Treasurer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_