



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 1 year prior to most recently completed fiscal year	Year-end Financial Report Most recently completed fiscal year	Budget Upcoming 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 _____