



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

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 diversity of people served.

**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 for your organization. Budget is the proposed budget guiding your organization in the upcoming fiscal year.

**Year -end Financial Report**

1 year prior to most recently completed fiscal year

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

**Year-end Financial Report**

Most recently completed fiscal year

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

**Budget**

Upcoming year

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



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**SUMMARY PAGE**

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

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

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

Project Start Date \_\_\_\_\_ Project End Date \_\_\_\_\_

**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?

**Project Description**

Please include names and experience of artists, payment for artists, dates/frequency of project, and exact location of project or event.





PROJECT ASSISTANCE APPLICATION  
**BUDGET SUMMARY PAGE**

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

**Budget Summary of Proposed Project**

<b>Project Expenses</b>	Cash	=	Grant Amount	+	Applicant
	Expenses		Requested		Cash Match
<b>A Personnel</b>					
Administrative staff	_____		_____		_____
Artistic staff	_____		_____		_____
Technical/Production staff	_____		_____		_____
<b>B Outside Fees and Services</b>					
Artistic contracts	_____		_____		_____
Other contracts	_____		_____		_____
<b>C Space Rental</b>					
_____	_____		_____		_____
<b>D Travel</b>					
_____	_____		_____		_____
<b>E Marketing</b>					
_____	_____		_____		_____
<b>F Remaining Project Expenses</b>					
_____	_____		_____		_____
<b>G Total Cash Expenses</b>					
_____	_____	=	_____	+	_____

<b>Project Income</b>	Cash Income
<b>A Admissions</b>	
_____	_____
<b>B Contracted Services Revenue</b>	
_____	_____
<b>C Other Revenue</b>	
_____	_____
<b>D Private Support</b>	
Corporate support	_____
Foundation support	_____
Other private support	_____
<b>E Government Support</b>	
Federal	_____
State/regional (not including this request)	_____
Local	_____
<b>F Applicant Cash</b>	
_____	_____
<b>G Grant Amount Requested</b>	
in this application	_____
<b>H Total Cash Income</b>	
(must at least equal Total Cash Expenses)	_____



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**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
- \_\_\_ Completed Application Summary Page
- \_\_\_ Completed Budget Summary Page
- \_\_\_ IRS tax determination letter
- \_\_\_ Independent Audit or year-end financial statements for the most recently completed fiscal year.

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