CABARRUS ARTS COUNCIL
energizing our community through arts excellence

ARTS EDUCATION APPLICATION
COVER PAGE

Applicant Data

Name of School_____

Contact Person Name_____

Contact Person Title _____

Mailing Address_____

City_____State__ NC____Zip_____

County Cabarrus

Contact Information: phone (w)_____ (cell)_____

e-mail _____website_____

_____

Ongoing Arts Program Information

Please give a brief description of your school's current arts programs and services, how many contact hours students have in arts classes, and number of special arts presentations each year.

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ARTS EDUCATION APPLICATION
SUMMARY PAGE

School Name_____

Grant Request $_____ (Must be matched 1:1)

Previous Grant Amount Received $_____ School year _____

Program Start Date _____ Program End Date _____

Project Description
Please include the purpose, artist(s) used, and how it will reach the public outside of the school.

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ARTS EDUCATION APPLICATION
BUDGET SUMMARY PAGE

School 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)	_____

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ARTS EDUCATION 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

____Completed Application Summary Page

____Completed Budget Summary Page

____Artist names and websites

____Letters of support from collaborating schools, if applicable

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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 of Principal_____

Signature_____Date_____

Name and Position of Project Coordinator _____

Signature_____Date_____