 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.

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

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 SUMMARY PAGE

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

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

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

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

**Project Description**

Please include names of artists, payment for artists, exact location of project or event.



 PROJECT ASSISTANCE APPLICATION

 BUDGET SUMMARY PAGE

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

**Budget Summary of Proposed Project**

**Project Expenses** Cash = Grant Amount + Applicant

Expenses Requested 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

 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

\_\_\_\_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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_