



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

1 year prior to most
recently completed fiscal year

Year-end Financial Report

Most recently completed
fiscal year

Budget

Upcoming year

Income: \$ _____
Expense: \$ _____

Income: \$ _____
Expense: \$ _____

Income: \$ _____
Expense: \$ _____



PROJECT ASSISTANCE APPLICATION
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 _____