



ORGANIZATION SUPPORT APPLICATION

Applicant Data

Name of Organization _____

Mailing Address _____

City _____ State NC Zip _____ County Cabarrus

Website: _____

Organization's EIN: _____ Organization's UEI: _____

Contact Person

Name _____

Title _____

Contact Information: (w) _____ (cell) _____

E-mail _____

Organizational Narrative 500-750 words

- A. OVERVIEW Please give a brief description of your organization, including mission, board and staff composition, finances, fundraising efforts in the most recent year, and commitment to cultural diversity.
- B. ARTISTIC EXCELLENCE Describe your programs, innovations and the artists/ performers engaged through your work.
- C. IMPACT Describe the number and diversity of participants/members/ audiences for each of the programs supported with this grant.

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?

Organizational Finances:

Please attach complete income and expense statement (an audit may be substituted) for your last completed fiscal year and approved operating budgets for the current fiscal year. Public schools and other large governmental or community agencies should attach arts program financial information only. Please copy the totals from these attachments in the spaces below.

Last Year Actual FY _____	Current Year FY _____
Actual Income \$ _____	Projected Income \$ _____
Actual Expenses \$ _____	Projected Expenses \$ _____

Fiscal year of applicant: _____ through _____
month/day month/day

CURRENT GRANT REQUEST

Operating Grant Request \$ _____

Previous Grant Received: \$ _____ Fiscal year: _____

Please describe the general operating functions that this grant will support, including goals for both new and existing initiatives, artists/performers to be involved, marketing efforts and how success will be evaluated.

Capacity Building Request \$ _____

Previous Capacity Building Support Received: \$ _____ Fiscal year: _____

The increase in Grassroots funding available this year is intended strengthen the arts ecosystem within each county. Eligible expenses include:

- a. New investments in operations or staff
- b. Training/ consultants for board development, diversity initiatives, strategic planning, fundraising, communications/ marketing, etc.
- c. Hiring artists and ensembles of color to facilitate programming

Please describe the capacity building functions that this grant will support. Be specific about staff/ board/ artists/ performers that would be involved, timing of the work, and other details.

Applicant Attachments

Please use this checklist to make sure you have completed your application properly.

- ___ Completed Application
- ___ Approved Budget for current 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

All application materials, including attachments, should be emailed to heather@cabarrusartscouncil.org by **October 13, 2023**. DO NOT send hard copies.

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 Board President or Executive Director _____ Date _____

Signature Board Treasurer _____ Date _____