



ARTS EDUCATION APPLICATION

All application materials due September 13th at noon via email to heather@cabarrusartscouncil.org

Applicant Data

Name of School _____

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 _____

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.

If you received a Grassroots Grant in prior years, describe how that grant was used, the impact for students, and lessons learned that inform your current application.

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?



CURRENT ARTS EDUCATION REQUEST

Grant Request \$ _____ (Must be matched 1:1)
Previous Grant Amount Received \$ _____ School year _____
Program Start Date _____ Program End Date _____

Project Description

Please attach a narrative providing the information requested below for the project you propose. Please be concise and specific as possible:

1. Project title or summary description
2. Project goals
3. Description of project activities
4. Description of the artists to be involved in the project, how and why they were chosen and, if appropriate, the rate of payment for their services (If you have not yet selected the artists, describe the kinds of artists you intend to involve and how you will select them.)
5. Description of how the project will be publicized and promoted to reach intended students/ participants
6. Description of how you will evaluate the project



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)	_____



Applicant Attachments

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

- ___ Completed Application including Project Narrative
- ___ Itemized Project Budget
- ___ Artist names and websites
- ___ Letters of support from collaborating schools, if applicable

All application materials, including attachments, should be emailed to heather@cabarrusartscouncil.org by **September 13, 2024 at NOON**. 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.

Name of Principal _____

Signature _____ Date _____

Name and Position of Project Coordinator _____

Signature _____ Date _____