



ORGANIZATION SUPPORT APPLICATION

All application materials, including attachments, are due September 13, 2024 at NOON via email to heather@cabarrusartscouncil.org

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 500-1000 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, including any innovations and the artists/ performers engaged through your work this past year.
- C. IMPACT Describe the number and diversity of participants/members/ audiences for each of the programs you offer. Identify the primary goals of your core programming areas, your assessment of how you are progressing towards those goals, and areas you will be focusing on in the upcoming year to increase your impact.
- D. CAPACITY BUILDING Describe the strengths, weaknesses, opportunities and threats that impact your organization's capacity for growth in the next 3-5 years. If you received Capacity Building support for FY24, describe how you invested those funds and the impact that has on your organization's work moving forward.



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 statements (an audit may be substituted) for your last completed fiscal year and approved operating budgets for the current fiscal year. 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: _____
Operating grant awards will be no more than 25% of your total operating budget.

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. (500-750 words)



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

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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_____