

# Grassroots Arts Program Subgrant Application



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*Submit this report to your funding agency. It should not be submitted to the North Carolina Arts Council.*

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**Fiscal Year: 2025 - 2026**

## **I. Organization Information**

Name of Organization \_\_\_\_\_

Contact Person's Name \_\_\_\_\_

Contact Person's Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State: North Carolina Zip Code \_\_\_\_\_ County \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Website \_\_\_\_\_

Organization's EIN \_\_\_\_\_

Organization's UEI \_\_\_\_\_

Please give a brief description of your organization, including mission, board and staff composition, current arts programs and services and number and kinds of people served. If you received a previous grant, describe how you are adapting your programs in the current year based on evaluation of success and challenges. Public schools and other large governmental or community agencies should provide a description of their arts program only rather than the entire organization.

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## **Organizational Finances:**

Please attach a projected operating budget for the year in which the grant funds will be used. Also, include completed operating budgets for the previous two years. Public schools and other large governmental or community agencies are exempt from this requirement. 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 \$ _____

### **Select one:**

\_\_\_\_\_ I am applying for a Cabarrus-based arts organization with at least 75% of our programming conducted within the county. (At least 1:1 cash match required. Maximum request is 25% of your operating budget)

\_\_\_\_\_ I am applying for a Cabarrus-based organization requesting support for arts programming. (At least 1:1 cash match required. \$5000 is the maximum request)

\_\_\_\_\_ I am applying on behalf of an arts education program. (At least 1:1 cash match required. \$5000 is the maximum request)

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## II. Project Description

**Grant Amount Requested:** \_\_\_\_\_

**Project Start Date (not before July 1, 2025):** \_\_\_\_\_

**Project End Date (not later than June 15, 2026):** \_\_\_\_\_

### **Project Narrative:**

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

1. Project title or summary description.
2. Project goals.
3. Description of intended participants/audience, including estimated numbers and racial and cultural composition.
4. Location where the project will take place.
5. Description of project activities.
6. Description of the artists 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.)
7. Description of how the project will be publicized and promoted to reach intended participants.
8. Description of how you will evaluate the project.
9. Will this award support the community representation requirement? If so, please list the lead artists or organizations and their race.

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## III. Project Budget

Please provide a projected budget for your proposed project utilizing the format below.

Project Expenses	Cash Expenses	=	Grant Amount Requested	+	Applicant Cash Match
<b>A. Personnel</b>					
1. Administrative Staff	_____		_____		_____
2. Artistic Staff	_____		_____		_____
3. Technical/Production Staff	_____		_____		_____
<b>B. Outside Fees and Services</b>					
1. Artistic Contracts	_____		_____		_____
2. Other Contracts	_____		_____		_____
<b>C. Space Rental</b>	_____		_____		_____
<b>D. Travel</b>	_____		_____		_____
<b>E. Marketing</b>	_____		_____		_____
<b>F. Remaining Project Expenses</b>	_____		_____		_____
<b>G. Total Cash Expenses</b>	_____	=	_____	+	_____

## Project Income

<b>A. Admissions</b>	_____
<b>B. Contracted Services Revenue</b>	_____
<b>C. Other Revenue</b>	_____
<b>D. Private Support</b>	
1. Corporate Support	_____
2. Foundation Support	_____
3. Other Private Support	_____
<b>E. Government Support</b>	
1. Federal	_____
2. State/Regional	_____
3. Local	_____
<b>F. Applicant Cash</b>	_____
<b>G. Grant Amount Requested in this application</b>	_____
<b>H. Total Cash Income (Must be equal to or more than Total Cash Expenses)</b>	_____

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## **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

## **Certification**

We understand that failure to respond to any of the above items may adversely affect the consideration of this application. We certify that we are committed to the completion of the proposed project in compliance with legal requirements and granting procedures. We certify that the information contained in this application, including attachments and supporting materials, is true and correct to the best of our knowledge.

Name and Position of Authorizing Official

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Signature of Authorizing Official \_\_\_\_\_ Date \_\_\_\_\_

Signature of Contact Person \_\_\_\_\_ Date \_\_\_\_\_