

Grassroots Arts Program Subgrant Application FY 2024-2025



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

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 (____) _____ Fax Number (____) _____

E-mail Address _____

Website _____

Organization's EIN _____

Organization's UEI _____

Applicant Race_ Please select one

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. Public schools and other large governmental or community agencies should provide a description of their arts program only rather than the entire organization.

Organizational Finances:

Please attach complete income and expense statement (an audit may be substituted) for your last fiscal year and complete operating budgets for the current fiscal year and next 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 _____ Next Year FY _____

Actual Income \$ _____ Income \$ _____ Projected Income \$ _____

Actual Expenses \$ _____ Expenses \$ _____ Projected Expenses \$ _____

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II. Project Description

Grant Amount Requested: _____

Project Start Date: _____

Project End Date: _____

Project Narrative:

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 intended participants/audience, including estimated numbers and racial and cultural composition
4. Location where project will take place
5. Description of project activities
6. 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.)
7. Description of how the project will be publicized and promoted to reach intended participants
8. Description of how you will evaluate the project

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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 |
|--------------------------------------|---------------|---|---------------------------|---|-------------------------|
| A. Personnel | | | | | |
| 1. Administrative Staff | 0 | | _____ | | _____ |
| 2. Artistic Staff | 0 | | _____ | | _____ |
| 3. Technical/Production Staff | 0 | | _____ | | _____ |
| B. Outside Fees and Services | | | | | |
| 1. Artistic Contracts | 0 | | _____ | | _____ |
| 2. Other Contracts | 0 | | _____ | | _____ |
| C. Space Rental | 0 | | _____ | | _____ |
| D. Travel | 0 | | _____ | | _____ |
| E. Marketing | 0 | | _____ | | _____ |
| F. Remaining Project Expenses | 0 | | _____ | | _____ |
| G. Total Cash Expenses | 0 | = | 0 | | 0 |

Project Income

| | |
|---|-------|
| A. Admissions | _____ |
| B. Contracted Services Revenue | _____ |
| C. Other Revenue | _____ |
| D. Private Support | |
| 1. Corporate Support | _____ |
| 2. Foundation Support | _____ |
| 3. Other Private Support | _____ |
| E. Government Support | |
| 1. Federal | _____ |
| 2. State/Regional | _____ |
| 3. Local | _____ |
| F. Applicant Cash | _____ |
| G. Grant Amount Requested in this application | _____ |
| H. Total Cash Income (Must at least equal Total Cash Expenses) | 0 |



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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

Signature of Authorizing Official _____ Date _____

Signature of Contact Person _____ Date _____