United Arts Council of Catawba County Staff Development Grant Application

This application is due at least thirty (30) days prior to the event.

APPLICANT'S NAME	
ADDRESS	
EMAIL	
SUMMARY OF PROJECT I	PURPOSE
START DATE	END DATE

5. **BUDGET SUMMARY REVENUES:** Total Grant Amount Requested (Registration Fee Only) Organization Cash Match Total Revenues **EXPENSES: Applicant Cash** Cash Expenses **Grant Amount** Registrations Fee Travel Accommodations Meals Other (specify) Total Expenses **Total Grant Amount Cannot Exceed \$500 Fiscal Year CERTIFICATION** 6. I certify that the information in this report, including all supporting materials, is true and correct to the best of my knowledge and that expenditures are for the purpose set forth in the grant award documents. Signature of Applicant Date

Signature of Organization's Authorizing Official

Date