

Grassroots Arts Program  
Subgrant Application  
FY 2023-2024



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*Submit this to the United Arts Council of Catawba County. 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 \_\_\_\_\_

Applicant Race \_\_\_\_\_

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:** \_\_\_\_\_ (No earlier than July 2023)

**Project End Date:** \_\_\_\_\_ (No later than June 15, 2024)

### **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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**Project Budget:**

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

<b>Project Expenses</b>	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 at least equal Total Cash Expenses, Item G above)</b>	_____

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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 \_\_\_\_\_