

Stanly County Arts Council Grassroots Arts Program Subgrant Application Form FY 2018-2019



Submit this report to Stanly County Arts Council, 26032 G Newt Rd, Albemarle, NC 28001, by August 1, 2018.
Do not submit to the North Carolina Arts Council.

Please Type or Print Clearly

I. Applicant Organization Information

Name of Applicant Organization _____

Contact Person's Name _____

Contact Person's Title _____

Mailing Address _____

City _____ County Stanly

State North Carolina Zip Code _____

Work Phone () _____ Fax Number () _____

Home/Cell Phone () _____

Fiscal Year End Date _____

E-mail Address _____

Website Address _____

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. (Attach a separate sheet)

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 1, 2018)

Project End Date: _____ (no later than June 30, 2019)

Project Narrative:

Please attach a narrative providing the information requested below for the project you propose. Please be concise and as specific as possible. Attach a separate sheet if necessary.

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. Artists must be selected by February 1st, 2019.)
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.

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

Project Income	Cash 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 <i>(not including this request)</i>	_____
3. Local	_____
F. Applicant Cash	

G. Grant Amount Requested in this application	

H. Total Cash Income (Must at least equal Total Cash Expenses, Item G above)	

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North
Carolina
Arts
Council
*Fifty years
of leadership*

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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 _____

Additional Information Needed:

___ List of Board of Directors/Trustees

___ Financial Reports requested under Organizational Finances, Page 1