



I. Organization I	nformation				
Name of Organization					
Contact Person's Name					
Work Phone ()					
Mailing Address	City				
State: North Carolina Zip	Code Count	у			
E-mail Address					
Website					
Organization's EIN					
Please attach an organization narrative including: - A brief description of your organization - Organization's mission - Current arts programs and services - Number and demographics of people served - Board and staff composition					
Please attach your organiz	ation's IRS letter of determination.				
Organizational Finances	<u>!</u>				
•	perating budgets for the current fisc	udit may be substituted) for your last al year. Please copy the totals from these			
Last Year Actual FY	Current Year FY	Next Year FY			
Actual Income \$	Income \$	Projected Income \$			
Actual Expenses \$	Expenses \$	Projected Expenses \$			





Will grant funds be going towards general operating support or a specific project/program
General Operating Expenses
Specific Project/Program
Please only fill out the section you are applying for.
I. Program/Project Description Only fill out this section if you are applying for funding for a special project or program.
Grant Amount Requested:
Program/Project Start Date:Program/Project End Date:
Togramy Toject End Date:
Program/Project Narrative:
Please attach a narrative providing the information requested below for the project you propose. Please be concise and specific as possible:
. Project title or summary description
2. Project goals
B. Description of intended participants/audience, including estimated numbers and racial and cultural composition
I. Location where project will take place
5. Description of project activities
5. 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





III. Program/Project Budget

Please provide a projected budget for your proposed project utilizing the format below. An excel spreadsheet template can be found on the website.

	Personnel 1. Administrative Staff 2. Artistic Staff 3. Technical/Production Staff	Cash Expenses	=	Grant Amount Requested
В.	·			
C. D. E. F. G.	Space Rental Travel Marketing Remaining Project Expenses Total Cash Expenses		=	
A. B. C.	Admissions Contracted Services Revenue Other Revenue Private Support 1. Corporate Support 2. Foundation Support 3. Other Private Support			
	Grant Amount Requested in this application			
H.	Total Cash Income (Must at least equal Total Cash Expenses)			





IV. General Operating Support

Only fill out this section if you are applying for general operating support funding.
Grant Amount Requested:
Please attach a file answering the following questions. Please be as specific as possible.
1. How will general operating funding be utilized and how will it strategically help your organization make an impact in your area?
2. Please describe the specific need your organization aims to address with this grant and how it will contribute to your overall mission and goals?
3. How will you measure your organization's success?





Necessary Attachments Checklist

	Organization Narrative
	Organization's IRS Letter of Determination
	Income and Expense Statement Sheet (for last fiscal year)
	Operating Budget Sheet (for current fiscal year)
YINC	for program/project funding:
	Program/Project Narrative
	Program/Project Projected Budget
YLNC	for general operating funding:
	Responses to General Operating Funding Questions





Certification	
We understand that failure to respond to any of the a of this application. We certify that we are committed compliance with legal requirements and granting profin this application, including attachments and support	to the completion of the proposed project in cedures. We certify that the information contained
Name and Position of Authorizing Official	
Signature of Authorizing Official	Date
Signature of Contact Person	Date