

		www.ncarts.org
Please Type or Print Clearly	,	
Applicant Organization	on Information	
Name of Applicant Organiza	tion	
Contact Person's Name		
Contact Person's Title		
Mailing Address		
City	Coun	ty
State	Zip C	ode
Work Phone ( )		
Home Phone ( )		
Fax Number ( )		
Fiscal Year End Date		
Email Address		_
Website Address www		
programs and services and i		sion, board and staff composition, current arts Public schools and other large governmental program only rather than the entire
and complete operating budgovernmental or community totals from these attachment	gets for the current fiscal year and ne agencies should attach arts program ts in the spaces below.	may be substituted) for your last fiscal year xt fiscal year. Public schools and other large financial information only. Please copy the
Last Year Actual FY		
Actual Income \$		
Actual Expenses \$	Expenses \$	Projected Expenses \$



Project Description	
Grant Amount Requested: \$	_
Project Start Date:	(no earlier than July 1, 2015)
Proiect End Date:	(generally no later than May 31, 2016

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

- 1. Project title or summary description
- 2. Project goals
- 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, their race, 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



#### **Financial Information**

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

Ρ	roject Expenses	Cash Expenses	=	Grant Amount Requested	+	Applicant Cash Match
Α	Personnel	Expenses		Requested		Casii Matcii
	Administrative staff					
	Artistic staff					
	Technical/Production staff					
В	Outside Fees and Services					
	Artistic contracts					
	Other contracts:					
С	Space Rental					
D	Travel					
Ε	Marketing					
F	Remaining Project Expenses					
	Total Cash Expenses		=		+	
	·					
Ρ	roject Income	Cash Income				
Α	Admissions					
В	Contracted Services Revenue					
С	Other Revenue					
D	Private Support					
	Corporate support					
	Foundation support					
	Other private support					
Ε	Government Support					
	Federal					
	State/regional (not including this request)					
	Local					
F	Applicant Cash					
	Grant Amount Requested in this application					
Н	Total Cash Income (must at least equal Total Cash Expenses, Item G in Project Expenses)					



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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