

# Grassroots Arts Program Subgrant Application FY 2025-2026



*Submit this report to your funding agency. 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 (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Website \_\_\_\_\_

Organization's EIN \_\_\_\_\_

Organization's UEI \_\_\_\_\_

### **Organization Information:**

On a separate page, 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 a finalized profit and loss (income and expense) report for the last completed FY, the annual (projected) operating budget for the current fiscal year, and the annual (projected) operating budget for the year in which the grant funds will be used. Please fill in the income and expense totals from these attachments in the spaces below. (NOTE: you should have THREE financial documents for the years stated in the chart below or you will not be considered for funding).**

\*\*\*Public schools and other large governmental or community agencies are exempt from this requirement.

<b>Last Completed FY: 2023-24</b>	<b>Current FY: 2024-25</b>	<b>Next FY: 2025-26</b>
<b>Final Income:</b>	<b>Budget Income:</b>	<b>Budget Income:</b>
<b>Final Expense:</b>	<b>Budget Expense:</b>	<b>Budget Expense:</b>

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## II. Project Description

**Grant Amount Requested:** \_\_\_\_\_

**Project Start Date:** \_\_\_\_\_ (between July 1<sup>st</sup>, 2025 – June 15<sup>th</sup>, 2026)

**Project End Date:** \_\_\_\_\_ (between July 1<sup>st</sup>, 2025 – June 15<sup>th</sup>, 2026)

### **Project Narrative:**

On a separate page, please provide the narrative information requested below for the project you propose. Please be as 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 the project will take place.
5. Description of project activities.
6. Description of the artists 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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## III. 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
<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 be equal to or more than Total Cash Expenses)</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

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Signature of Authorizing Official \_\_\_\_\_ Date \_\_\_\_\_

Signature of Contact Person \_\_\_\_\_ Date \_\_\_\_\_