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_____

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 projected operating budget for the year in which the grant funds will be used. Also, include completed operating budgets for the previous two years. Public schools and other large governmental or community agencies are exempt from this requirement. 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: _____

Project End Date: _____

Project Narrative:

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.

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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.

9. Will this award support multicultural artists and/or organizations? If so, please list the artists/ organizations.

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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
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

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	_____
3. Local	_____
F. Applicant Cash	_____
G. Grant Amount Requested in this application	_____
H. Total Cash Income (Must be equal to or more than Total Cash Expenses)	_____

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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 _____