

	Fis	scal Year:	
I. Orgai	nization Informati	on	
Name of Organ	ization		
Contact Person	's Name		
Mailing Addres	s	City	
State: North Ca	rolina Zip Code	County_	
Work Phone (_	)		
E-mail Address			
Website			
Organization's	EIN		
Organization's	UEI		
	ental or community age entire organization.	ncies should provide a des	cription of their arts program only
Organizationa	al Finances:		
include comple governmental o	ted operating budgets	for the previous two years. are exempt from this requ	the grant funds will be used. Also, Public schools and other large irement. Please copy the totals from
Last Year Actu	al FY	Current Year FY	Next Year FY
Actual Income	e\$	Income \$	Projected Income \$
Actual Expens	es \$	Expenses \$	Projected Expenses \$



I. Organization Informa	ation	
Name of Organization		
Contact Person's Name		
Contact Person's Title		
State: North Carolina Zip Code _	Count	y
Work Phone ()		
E-mail Address		
Organization's EIN		
Organization's UEI		<del>-</del>
rather than the entire organization		escription of their arts program only
Organizational Finances:		
include completed operating budge	ets for the previous two yea ies are exempt from this re	ch the grant funds will be used. Also, irs. Public schools and other large quirement. Please copy the totals from
Last Year Actual FY	Current Year FY	Next Year FY
Actual Income \$	Income \$	Projected Income \$
Actual Expenses \$	Expenses \$	Projected Expenses \$



II.	Project Description
Grant	Amount Requested:
Proje	ct Start Date:
Proje	ct End Date:
<u>Proje</u>	ect Narrative:
	e provide the narrative information requested below for the project you propose. e be as concise and specific as possible:
1. Pro	ject title or summary description.
2. Pro	ject goals.
	scription of intended participants/audience, including estimated numbers and racial and
cult	cural composition.
4. Loc	ation where the project will take place.
5. Des	scription of project activities.



a	Description of the artists involved in the project, how and why they were chosen and, if ppropriate, the rate of payment for their services. (If you have not yet selected the artists, escribe the kinds of artists you intend to involve and how you will select them.)
7. C	Description of how the project will be publicized and promoted to reach intended participants.
8. C	Description of how you will evaluate the project.
	Vill this award support the community representation requirement? If so, please list the artists or organizations and their race.



Submit this report to your funding agency. **It should not be submitted to the North Carolina Arts Council.** 

#### III. Project Budget

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

Project Expenses		t Expenses	Cash Expenses	=	Grant Amount Requested	+	Applicant Cash Match
A.	Per	sonnel					
	1.	Administrative Staff					
	2.	Artistic Staff					
	3.	Technical/Production Staff					
В.	Ou	tside Fees and Services					
	1.	Artistic Contracts					
	2.	Other Contracts					
C.	Spa	ace Rental					
D.	Tra						
E.	Ma	rketing					
F.	Rei	maining Project Expenses					
G.	Tot	al Cash Expenses		=		+	
Pro	ojec	t Income					
Α.	Adı	missions					
В.	Cor	ntracted Services Revenue					
C.	Oth	ner Revenue					
D.	Priv	vate Support					
	1.	Corporate Support					
	2.	Foundation Support					
	3.	Other Private Support					
E.		vernment Support					
	1.	Federal					
	2.	State/Regional					
		Local					
		plicant Cash					
G.		ant Amount Requested in					
ш		s application al Cash Income (Must be					
п.		ual to or more than Total					
	-	sh 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		