

Grassroots Arts Program
Subgrant Application Form – Moore County
FY 2025-2026



*Submit this form to the Arts Council of Moore County; **NOT** to the North Carolina Arts Council.
 Do **NOT** reformat this form. Items marked with "*" are required.*

DEADLINE: 5:00 p.m. on August 22, 2025

I. Organization Information

*Organization Name: _____

*Contact Person: _____ Title: _____

*Mailing Address: _____

*City: _____ State: NC *Zip Code: _____ County: Moore

*Work Phone: (____) _____ Other Phone: (____) _____

*E-mail: _____ Website: _____

*Organization's EIN: _____ *Applicant Race: _____

***Organization Description:** Give a brief description of your organization below, including mission, board & staff, current arts programs & services, and number & kinds of people served. Public schools and other large governmental or community agencies should provide a description of the proposed arts project only rather than the entire organization. (1,600 max. characters & spaces. Use separate page if you need more space.)

Organizational Finances:

Attach complete income and expense statement (an audit may be substituted) for your last fiscal year and complete operating budgets for the current fiscal year and next fiscal year. Public schools and other large governmental or community agencies should attach income and expense statements for the proposed arts project only rather than entire organization. Copy the totals from your budgets in the spaces below.

Last Year <u>Actual</u> – FY24	Current Year <u>Budget</u> – FY25	Next Year <u>Projected</u> – FY26
*Income \$ _____	*Income \$ _____	*Income \$ _____
*Expenses \$ _____	*Expenses \$ _____	*Expenses \$ _____

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II. Project Description

*Grant Amount Requested: \$ _____

*Start Date of Project: _____ (No earlier than July 1, 2025)

*End Date of Project: _____ (No later than June 30, 2026)

***Project Narrative:**

Attach a narrative (up to 2 pages) addressing the information requested below for the project you propose. Please be 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 project will take place
5. Description of project activities
6. 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

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III. Project Budget*:

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

PROJECT EXPENSES	Total 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

H. Admissions	\$ _____				
I. Contracted Services Revenue	\$ _____				
J. Other Revenue	\$ _____				
K. Private Support					
1. Corporate Support	\$ _____				
2. Foundation Support	\$ _____				
3. Other Private Support	\$ _____				
L. Government Support					
1. Federal	\$ _____				
2. State/Regional	\$ _____				
3. Local	\$ _____				
M. Applicant Cash	\$ _____				
N. Grant Amount Requested In this application	\$ _____				
O. Total Cash Income	\$ _____				Must at least equal Total Cash Expenses (Line G above)

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IV. 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.

AUTHORIZING OFFICIAL:

*Name & Position: _____

Signature: _____ *Date: _____

CONTACT PERSON (Only if different than above):

Name & Position: _____

Signature: _____ Date: _____

FISCAL SPONSOR

(Optional, if you don't yet have your nonprofit status.)

Name of Fiscal Sponsor Organization: _____

Fiscal Sponsor Address: _____

Phone: (_____) _____ Fiscal Sponsor EIN: _____

Name & Position of Fiscal Sponsor Official: _____

Signature of Fiscal Sponsor: _____ Date: _____

NOTE: Applications without signatures are incomplete and will not be presented for funding.