



**2013-2014 COMMUNITY ARTS PROJECTS
Grant Application**

(Please type--Information may be provided on a separate sheet as needed)
ALL FIELD ARE REQUIRED

Organization: _____

Address: _____

Work Phone: _____

Fax Number: _____

Home/Mobile Phone: _____

Contact Person: _____

Contact Person's Title: _____

E-mail address: _____

Project Title: _____

Project Dates: _____

Amount Requested: _____

Project Description: _____

How will this project be advertised? _____

How will professional artist/arts organizations be involved? _____

**Please list all professional artist who will be involved (use additional sheet if needed)
If no professional artists are being hired please list staff that will coordinate the project (write staff beside Name)**

Name	Email	Phone	Race

**A – Asian, AA – African American/Black, AI – American Indian/Alaskan Native, C – Caucasian/Not Hispanic,
H – Native Hawaiian/Pacific Islander, L – Hispanic/Latino, M – Mixed Racial**

Expected audience size: _____ Number of people involved: _____

Paid staff: _____ Volunteers: _____ Artists: _____

Describe in detail involvement of persons of color in this project (Asian-Americans, African-Americans, Hispanics, Native Americans).

Describe the applicant organization.

I understand that this project must be completed by June 1, 2013:

By Signing You Acknowledge This Statement

DEADLINE: November 15, 2013

High Point Area Arts Council • PO Box 5526, High Point, NC 27262

Phone: 336-889-2787 • Fax: 336-889-2789

PROJECTED BUDGET
BUDGET MUST BALANCE

PROJECT EXPENSES

Personnel (Administrative, Artistic, Production)	\$ _____
Outside Fees & Services (Contracted Artists)	\$ _____
Space Rental	\$ _____
Travel	\$ _____
Marketing	
Printing	\$ _____
Advertising	\$ _____
Remaining Project Expenses	
Supplies	\$ _____
Postage	\$ _____
Telephone	\$ _____
Utilities	\$ _____
Other (itemize)	\$ _____
	=====
TOTAL CASH EXPENSES (Must Equal Total Cash Income – below)	\$ _____

PROJECT INCOME

Admissions	\$ _____
Contracted Services Revenue	\$ _____
Private Support	
Corporate Contributions	\$ _____
Foundation Grants	\$ _____
Other Private Grants/Contributions	\$ _____
Government Support	
Federal	\$ _____
State/Regional (not including this request)	\$ _____
Local	\$ _____
Applicant Cash	\$ _____
Other Revenue	\$ _____
Grant Amount Requested in this application	\$ _____
	=====
TOTAL CASH INCOME (Must Equal Total Cash Expenses – Above)	\$ _____

Note: Total cash expenses must equal total cash income.

Budget Must Balance – No Exceptions

We certify that we are committed to the completion of the proposed project(s) and that the information contained in this application including all attachments and supporting materials is true and correct to the best of our knowledge.

_____ Signature of Organization's Director	_____ Signature of Chairman of the Board
Date _____	Date _____