COMMUNITY ARTS DEVELOPMENT
GRANT APPLICATION

A. BASIC INFORMATION

1. Contact Information

Organization Name _____

Address _____

City _____ State _____ Zip _____

Primary Contact_____ Title _____

Paid Staff Member   Volunteer

Daytime Phone _____ E-Mail Address _____

2. Organization Information

Address of your primary base of operations, if different than above (if the same, leave line blank):

_____

Website: _____

Year the organization was founded: _____

---For first-time applicants, attach IRS letter of determination certifying 501(c)(3) status---

3. Participation Statistics

	Three Years Ago	Two Years Ago	Last Year
Date range	to	to	to
# of Artistic Participants			
(Avg. Cost to Participate)			
# of Audience Members			
(Avg. Cost to Attend)			
# of Volunteers			

B. NARRATIVE

Attach a separate document with answers to all of the following questions, in the given order, using a maximum of 3 single-spaced pages with size 12 font.

1. What is the mission and/or general purpose of your organization?

2. Describe your programming for next year. Are there significant changes from previous years?

3. Describe how your organization's activities respond to the cultural needs of Carroll County.

4. How does your organization identify or create opportunities for partnerships with other community organizations, including but not limited to arts organizations?

5. Describe any significant accomplishments or achievements in the past year. How will your organization capitalize on those accomplishments in the future?

6. Describe any major concerns or challenges faced by your organization. How will those concerns or challenges be addressed in the future?

7. Identify and explain any significant changes or trends from the participation statistics listed in section A.3. How will this information be used when planning for the future?

8. What method(s) do you use to attract and expand your *audience*? Describe, in detail, the success, or lack of success, of each method.

   8.a. If applicable, answer the same question with regard to attracting and expanding *participants* in your programs.

9. What fundraising strategies, if any, are being used to supplement earned income? Describe how well your goals are being met with these strategies.

10. List any long-term goals currently being planned or pursued by the organization and describe the proposed timeline.

C. FINANCIAL INFORMATION

1. Financial History

Does the organization operate on a calendar or fiscal year (choose one)?

Ǻ Calendar Year (Jan-Dec)   Fiscal Year, *beginning on (month)* _____

Upon completion of your most recent year, what was your reserve balance? _____

List total income/expenses for the most recently *completed* years (as determined above):
(cells with [i]*,* [ii]*, and* [iii] *scripts must equal the respective fields in the following section)*

	TOTAL INCOME	TOTAL EXPENSES	NET GAIN / (LOSS)
Most Recent Year	[i]	[ii]	[iii]
Previous Year			

2. **Detailed Finances** *(Applicants must use this format. Do not attach statement/budget.)*

	Actual Most Recent Year (Complete)	Budgeted Current Year
INCOME		
Contributed Income		
- CAD Grant		
- Government Grants		
- Foundation Grants		
- Business Donations		
- Individual Donations		
- Fundraisers		
- Other Contributions		
Earned Income		
- Tuition/Registration		
- Ticket Sales		
- Concession Sales		
- Advertisement Sales		
- Investment/Interest		
- Other Earned Income		
TOTAL INCOME	i	
EXPENSES		
- Programming		
- Awards/Contributions		
- Administration Fees		
- Marketing		
- Salary/Payroll/Stipends		
- Materials/Supplies		
- Facility/Rent		
- Equipment		
- Fundraising		
- Concession Supplies		
- Other		
TOTAL EXPENSES	ii	
NET GAIN / (LOSS)	iii	

3. **OPTIONAL: Attach budget narrative**– *1 page max; explain any aspect of the budget that would help a reviewer fully understand the organization's finances.*

D. CERTIFICATION - *Completed Applications Should Contain 6 Copies (collated) of Each:*

<u>Required</u>

- Basic Information
- Financial Information
- Narrative (3-page maximum)

<u>Optional</u>

- Budget Narrative (max 1 page)
- Supplemental Materials (max 2)

I certify that this application and financial statement are complete and correct. I understand that all information provided may be subject to verification.

Signature _____ *Date* _____

Print Name & Title _____