

Grant Representative: **STEPHEN STROSNIDER** stephen@carrollcountyartscouncil.org Office EX. 1090

FY 2024 ARTS OPPORTUNITY MINI GRANT PROGRAM

Detailed Budget

- 1. Applicants must use <u>this</u> form to provide the required financial details. Do not attach or upload a separate budget. The option to provide a Financial Narrative is provided in the application.
- 2. This document is locked except for the areas that allow for applicant responses. These areas are indicated in blue.
- **3.** Please format values as \$2.87 or \$3,400.00
- 4. Please leave any non-applicable area blank- Do not write in zeros.
- **5.** If the project needs additional rows to adequately reflect the project's needs, please request a custom budget form from the Grant Representative.

*NAME OF ORGANIZATION or INDIVIDUAL:	
*PD or PROJECT TITLE	
	BUDGETED
SPECIFIC INCOME used to fund activity	
Contributed Income	
CCAC Mini Grant Funds*	
Grant Applicant Funds	
Government Grants	
Foundation Grants	
Business Donations	
In-Kind Donations ^{i.}	
Individual Donations	
Fundraisers	
Other ^{ii.}	
Earned Income	
Tuition/Registration	
Admissions/Ticket Sales	
Lobby Sales	
Conti	nues on the next page.

Advertisement Sales
Other ^{iii.}
TOTAL INCOME*

	BUDGETED	DESCRIPTION
SPECIFIC EXPENSES used for the activity		
Applicant Registration Fee(s) <i>i.e., Courses, Seminars, Workshops</i>		
Applicant Hospitality/Travel <i>i.e., Milage, Airfare, Hotel</i>		
Applicant Professional Services(s) <i>i.e., Memberships, Subscriptions, Consultations</i>		
Applicant Equipment Purchased		
Applicant Equipment Rented/Services <i>i.e., Piano tuning, Speakers</i>		
Contractor Stipend(s) <i>i.e., Guest Artists, Performers, Participants</i>		
Contractor Hospitality/Travel <i>i.e., Milage, Airfare, Hotel</i>		
Contractor Supplies <i>i.e., Software, Research Material</i>		
Facility <i>i.e., Rent, Insurance, Utilities</i>		
Presentation Supplies <i>i.e., Craft Materials, Gift Bags, Sheet Music, Concessions</i>		
Print Media/Marketing <i>i.e., Programs, Tickets, Poster, News Paper Ads</i>		
Digital Media/Marketing <i>i.e., Social Media Ad, E-Newsletter</i>		
Miscellaneous Media/Marketing		
Other ^{iii.}		See below
TOTAL EXPENSES*		
NET GAIN / (LOSS)*		

If the following categories were given value, please provide specific details to help clarify:

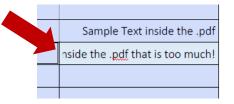
Contributed Income	In-Kind Donation ^{i.}	
Contributed Income	Other ^{ii.}	
Project Specific Expenses	Other ^{iii.}	

- Once completed, this document should be saved and uploaded to your secure, online SlideRoom application when prompted.
- REMINDER: THIS IS <u>NOT</u> THE FULL APPLICATION BUT A REQUIRED FORM TO BE COMPLETED AS A PART OF THE ONLINE APPLICATION.

Please do not hesitate to contact the Grant Representative with any questions or concerns regarding the application process.

TROUBLESHOOTING

• If the beginning of text goes beyond the edge of the text box, stop and continue typing in a new text box.



• When text goes beyond the text box: once you leave that editable area, the end of the text will NOT be seen.

