



CARROLL COUNTY ARTS COUNCIL
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 Office 410-848-7272
 EX. 1030

FY26 ARTS OPPORTUNITY MINI GRANT PROGRAM

Detailed Budget

1. Applicants must use this 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 <u>INCOME</u> 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		
<i>Continues on the next page.</i>		

Advertisement Sales	
Other ^{iii.}	
TOTAL INCOME*	

	BUDGETED	DESCRIPTION
SPECIFIC <u>EXPENSES</u> 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.}		<i>See below</i>
TOTAL EXPENSES*		
NET GAIN / (LOSS)*		

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

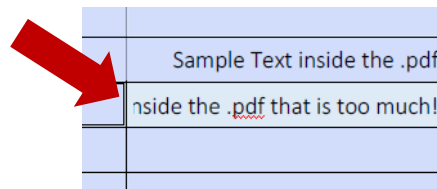
Contributed Income	In-Kind Donation ^{i.}	
Contributed Income	Other ^{ii.}	
Project Specific Expenses	Other ^{iii.}	

- Once completed, this document should be saved and uploaded to your secure, online SlideRoom application when prompted.
- REMINDER: THIS IS NOT 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.

