



CARROLL COUNTY ARTS COUNCIL  
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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.

<b>*NAME OF ORGANIZATION or INDIVIDUAL:</b>	
<b>*PD or PROJECT TITLE</b>	
	<b>BUDGETED</b>
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 <sup>i.</sup>	
Individual Donations	
Fundraisers	
Other <sup>ii.</sup>	
Earned Income	
Tuition/Registration	
Admissions/Ticket Sales	
Lobby Sales	
<i>Continues on the next page.</i>	

Advertisement Sales	
Other <sup>iii.</sup>	
<b>TOTAL INCOME*</b>	

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

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

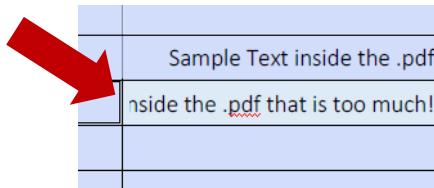
Contributed Income	In-Kind Donation <sup>i.</sup>	
Contributed Income	Other <sup>ii.</sup>	
Project Specific Expenses	Other <sup>iii.</sup>	

- 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.

