

PROJECTS POOL GRANT



Before you begin ...

This form allows you to save the application at any point, prior to completion, and return to complete at a later time. You must have a user account for this process. If you intend to complete this application in stages, [sign in now](#) or [register](#) first.

Organization Information

Name of Organization *

Contact Person's Name *

Contact Person's Title *

Mailing Address *

City

State

Zip

Work Phone *

Email Address *

Note: copy of application will be sent to this address when submitted.

Website *

Organization's EIN *

Organization's UEI Number

Applicant Race *

Description of Organization *

Max 3000 chars. 3000 remaining.

Please give a brief description of your organization, including mission, board and staff composition, current arts programs and services and number and kinds of people served. Public schools and other large governmental or community agencies should provide a description of their arts program only rather than the entire organization. (Maximum 3,000 characters).

Are you planning to apply or have you already received a grant directly from the NC Arts Council for fiscal year 2026-2027? Please check all that apply. *

- Sustaining Support for Arts Organizations
- Project Support Grants
- I am not applying for either of these grants for fiscal year 2025-2026

Organizational Finances

Please attach a complete income and expense statement (an audit may be substituted) for the 2024-2025 fiscal year. Public schools and other large governmental or community agencies should attach arts program financial information only. Please copy the totals from this attachment in the spaces below.

2024-2025 Income and Expense Statement (or audit) *

Drop file here, paste, or browse files

FY 2024-2025 - Actual Income *

\$

FY 2024-2025 - Actual Expenses *

\$

Please attach a complete operating budget for the 2025-2026 fiscal year. Public schools and other large governmental or community agencies should attach arts program financial information only. Please copy the totals from this attachment in the spaces below.

2025-2026 Operating Budget *

Drop file here, paste, or browse files

FY 2025-2026 - Budgeted Income *

\$

FY 2025-2026 - Budgeted Expenses *

\$

Please attach a complete operating budget for the 2026-2027 fiscal year. Public schools and other large governmental or community agencies should attach arts program financial information only. Please copy the totals from this attachment in the spaces below.

2026-2027 Operating Budget *

Drop file here, paste, or browse files

FY 2026-2027 - Budgeted Income *

\$

FY 2026-2027 - Budgeted Expenses *

\$

Project Description

Grant Amount Requested *

\$

Project Start Date *

MM

DD

YYYY

Project End Date (No later than June 15, 2027) *

MM

DD

YYYY

Project Narrative

Please provide the information requested below for the project you propose. Please be as concise and specific as possible.

1. Project title or summary description *

Max 500 chars. 500 remaining.

Maximum 500 Characters

2. Project goals *

Max 3000 chars. 3000 remaining.

Maximum 3,000 Characters

3. Description of intended participants/audience, including estimated numbers and racial and cultural composition *

Max 3000 chars. 3000 remaining.

Maximum 3,000 Characters

4. Location where project will take place *

Max 3000 chars. 3000 remaining.

Maximum 3,000 Characters

5. Description of project activities *

Max 3000 chars. 3000 remaining.

Maximum 3,000 Characters

6. Description of the artists to be involved in the project, how and why they were chosen and, if appropriate, the rate of payment for their services (If you have not yet selected the artists, describe the kinds of artists you intend to involve and how you will select them.) *

Max 3000 chars. 3000 remaining.

Maximum 3,000 Characters

7. Description of how the project will be publicized and promoted to reach intended participants *

Max 3000 chars. 3000 remaining.

Maximum 3,000 Characters

8. Description of how you will evaluate the project *

Max 3000 chars. 3000 remaining.

Maximum 3,000 Characters

Project Budget

Please provide a projected budget for your proposed project utilizing the format below. List all project expenses by the provided categories, breaking down which expenses will be funded by the grant in the first column (Grant Amount Requested) and all other expenses in the second column (Applicant Cash Match). A 1:1 match is required for this grant.

Project Expenses	Grant Amount Requested	+	Applicant Cash Match	=	Cash Expenses
A. Personnel					
1. Administrative Staff	\$ <input style="width: 100px;" type="text"/>	+	\$ <input style="width: 100px;" type="text"/>	=	\$0.00
2. Artistic Staff	\$ <input style="width: 100px;" type="text"/>	+	\$ <input style="width: 100px;" type="text"/>	=	\$0.00
3. Technical/Production Staff	\$ <input style="width: 100px;" type="text"/>	+	\$ <input style="width: 100px;" type="text"/>	=	\$0.00
B. Outside Fees and Services					
1. Artistic Contracts	\$ <input style="width: 100px;" type="text"/>	+	\$ <input style="width: 100px;" type="text"/>	=	\$0.00
2. Other Contracts <input style="width: 250px; height: 20px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	+	\$ <input style="width: 100px;" type="text"/>	=	\$0.00
C. Space Rental	\$ <input style="width: 100px;" type="text"/>	+	\$ <input style="width: 100px;" type="text"/>	=	\$0.00

Project Expenses	Grant Amount Requested	+	Applicant Cash Match	=	Cash Expenses
D. Travel	\$ <input type="text"/>	+	\$ <input type="text"/>	=	\$0.00
E. Marketing	\$ <input type="text"/>	+	\$ <input type="text"/>	=	\$0.00
F. Remaining Project Expenses	\$ <input type="text"/>	+	\$ <input type="text"/>	=	\$0.00
G. Total Cash Expenses	\$0.00	+	\$0.00	=	\$0.00

Project Income					
A. Admissions	\$ <input type="text"/>				
B. Contracted Services Revenue	\$ <input type="text"/>				
C. Other Revenue	\$ <input type="text"/>				
D. Private Support					
1. Corporate Support	\$ <input type="text"/>				
2. Foundation Support	\$ <input type="text"/>				
3. Other Private Support	\$ <input type="text"/>				
E. Government Support					
1. Federal	\$ <input type="text"/>				
2. State/Regional	\$ <input type="text"/>				
3. Local	\$ <input type="text"/>				
F. Applicant Cash	\$ <input type="text"/>				
G. Grant Amount Requested	\$0.00				
H. Total Cash Income (Must at least equal Total Cash Expenses)	\$0.00				

Certification

We understand that failure to respond to any of the above items may adversely affect the consideration of this application. We certify that we are committed to the completion of the proposed project in compliance with legal requirements and granting procedures. We certify that the information contained in this application, including attachments and supporting materials, is true and correct to the best of our knowledge.

Name of Authorizing Official *

Title of Authorizing Official *

Signature of Authorizing Official *

Typed name indicates acceptance of terms by individual.

Signature of Contact Person *

Typed name indicates acceptance of terms by individual.

Date

MM

DD

YYYY



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