UNITED ARTS FUND ALLOCATIONS ELIGIBILITY

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.

REQUIRED QUESTIONS ARE DESIGNATED WITH A RED STAR

Please answer the following eligibility questions. If you answer no to any of the questions in Section I, your organization would not be eligible for this grant program. We will contact you to notify whether your organization has been selected to submit a full application.

I. Eligibility Check

Is the applicant a nonprofit arts/cultural organization with 501c3 federal and state tax-exempt status? *

○ Yes   ○ No

We will ask you to upload nonprofit verification documents in the next section to verify.

Does the applicant have a primary mission to directly produce, present, or support arts, science, or history programs? *

○ Yes   ○ No

We will verify by the mission statement entered below.

Does the applicant dedicate at least 80 percent of its annual programming expenses to arts, science, or history activities? *

○ Yes   ○ No

Is the applicant based in Catawba County? *

○ Yes   ○ No

Does the applicant operate most of its programs in Catawba County? *

○ Yes   ○ No

Has the applicant produced at least three years of arts, science, or history programming in Catawba County? *

○ Yes   ○ No

Do the average total expenses from the applicant's last three completed fiscal years exceed $75,000? *

○ Yes   ○ No

We will ask you to upload IRS Form 990's from your last three completed fiscal years in the next section to verify.

Does the applicant have paid staff with a minimum of at least one part-time employee *

○ Yes   ○ No

The applicant is NOT part of another entity such as a municipality, school system, or college/university. *

○ Yes   ○ No

II. Organization Information

Organization Name *

Mission Statement of Your Organization *

Address *

Address

Suite/Apt

City   State   Zip

Website *

Contact Name *

First Name   Last Name

Contact Title *

Contact Phone Number *

[   ]

Contact Email *

[   ]

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

Year of Incorporation *

[   ]

Employee Identification Number (EIN) *

[   ]

Unique Entity Identifier (UEI)

[   ]

if applicable

Upload your organization's Letter of Federal Tax Exemption here: *

Drop file here, paste, or browse files

Upload your organization's North Carolina Charitable Solicitation License here: *

Drop file here, paste, or browse files

III. Financial Information

Upload three separate 990s from your three most recently completed fiscal years. *

Drop files here, paste, or
browse files

Upload a copy of the applicant's IRS Form 990, Form 990-EZ, or Form 990-n (e-Postcard) that was filed for the three most recently completed fiscal years.

Please include either the signatures by both officer and preparer or the IRS Form 8879 for e-file signature authorization.

If a 990 is not available, please upload a statement explaining its absence.

We certify that the information contained in this application, including all attachments, is true and correct to the best of our knowledge.

Signature of Authorizing Official *

Typed name indicates acceptance of terms by individual.

Title of Authorizing Official *

Date *

MM	DD	YYYY

Send