

Please note that **Grassroots Funding Applications with the RC Arts Council must be submitted online** at <https://form.jotform.com/83444784819168>

**Once you start an online application, you cannot save it and return to it later.**

**This document is provided so that you can use it as a guide  
to cut and paste your responses onto the online application**

**Applications are due by 8 a.m. on June 30, 2019**

**Programs must occur between September 2019 and May 2020**

**We are here to help! For more information, call or text (336) 349-4039**

### **Section 1: Organization Information**

Name of organization applying for funding

Organization's mailing address

Organization's EIN or other Federal Tax ID number

Organization's main telephone number

Does the organization have a Facebook Page? If yes, what is the URL?

Does the organization have an Instagram account? If yes, what is the URL?

Name and title of person with authority to sign contracts on behalf of organization

Authorizing person's email

Authorizing person's direct office number or cell phone number

Has the organization received Grassroots funding in the past 3 years? \*

If yes, please list all years (in the past 3 years) the organization received Grassroots funding:

Has the organization ever received Grassroots funding and been unable to complete the project or program?

If yes, please provide a short explanation on why the organization was unable to complete project or program. If this doesn't apply, simply leave the question blank.

### **Section 2: Program or Project Information**

Project Title

Date program/project BEGINS (No earlier than September 2019) \*

Date program/project ENDS (No later than May 31, 2020) \*

Address where the project/program will take place \*

What are the project or program top 1 or 2 goals? Please be concise. 40 word limit.

Please describe the project or program. What will occur? Please be specific. 200 word limit.

Description of intended audience, including estimated numbers and racial/cultural composition. 40 word limit.

Describe the planning process for the project or program. For instance, you might explain how the idea came about? Where were planning meetings held? How did you decide who to include in planning for the project or program. 100 word limit.

How will you promote the project or program? 40 word limit.

### Section 3: Artist Involvement

In the field below: (1) describe the artists to be involved in the project. (2) Explain how and why they were chosen. (3) If you have not yet selected the artists, describe the kinds of artists you intend to involve and how you will select them. Limit 400 words.

### Section 4: Partners & Elected Officials

Who are the program or project partners? What organizations and/or people are working with the applicant? Please provide (1) Organization name; (2) Contact person; and (3) Contact's phone number. If there are no other partners, enter N/A.

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Who is the NC Senator serving your organization's location? Don't know? You can look it up by location here: <https://www2.ncleg.net/RnR/Representation>

Who represents your organization's location in the NC House of Representatives? Don't know? You can look it up by location here: <https://www2.ncleg.net/RnR/Representation>

### Section 5: Program or Project Budget

Amount you are requesting from Grassroots Fundinf

Amount of matching funds for the project or program. If you are having trouble with matching funds, please contact us by phone call or text at (336) 349-4039.

If funded, Grassroots funding will be used for (check all that apply)

General operating expenses (such as rent, utilities, etc.)

Artist stipends

Venue rental

Staff

Travel

Marketing

You will need to upload a project budget. You may upload an Excel, Word, or PDF. Below is a sample budget. If you have any questions about the budget, please contact us by phone call or text at (336) 349-4039

Expense	Grassroots Request	Cash Match
Personnel	\$0	\$1,500
Artist(s) stipend	\$1,000	
<b>TOTALS</b>	<b>\$1,000</b>	<b>\$1,500</b>

Upload Budget \*

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### Section 6: Program/Project Manager's contact information

This is the person best able to answer questions about the application and the proposed project or program. This person will be overseeing the program or project.

First Name Last Name

Best phone number If office number, please provide a direct line

Email

### Section 7: Certification

The undersigned understands that failure to respond to any of the above items may adversely affect the consideration of this application and certifies that (1) he/she/they are committed to the completion of the proposed project in compliance with legal requirements and granting procedures; (2) that the information contained in this application, including attachments and supporting materials, is true and correct to the best of his/her/their knowledge.

Type signers name \*

Title \*

Use mouse or keypad to sign