

Applicant Information

Organization Name			
Website			
Mailing Address			
Street		City	
State	ZIP		
Applicant Contact Information			
Contact Person First Name		Contact Person Last Name	
Contact Phone Number		Ext.	
Contact E-mail Address			

No file attached!

Required Documents

IRS 501(c)(3) Submit a copy of your organization's IRS 501(c)(3) status documentation here.	
No file attached!	
IRS Form 990/EZ/N Submit a copy of your organization's most recent IRS Form 990/EZ/N here.	
No file attached!	
Financial Statement Submit the financial statement for your organization's most recently complete No file attached!	ed fiscal year here. (audited, if applicable)
OPTIONAL: Provide any additional supporting attachments here (copies of pullimited to 5 files.	blicity, news coverage, links to performances, etc
No file attached!	

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Grant Request

Our	organization is requesting funding to support:
	General Operating Expenses
	A Specific Project
	Amount Requested
\$	
	Total Prior Fiscal Year's Expenses
\$	
Rec	uest as Percentage of Prior Fiscal Year's Expenses (Amount Requested divided by Total Prior Year Expenses x 100)
%	
Abo	out your Organization
Pro	vide your organization's mission statement.
Pro	vide a brief history about your Organization (maximum 2500 characters and spaces)

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Programming

locations and brief descriptions. If you	programming your organization has planned for the FY25 fiscal year, including dates, or organization counts multiple concerts, exhibitions and/or productions, each one should
be noted in this section. Include any c	community partners or collaborations planned. (maximum 3300 characters and spaces)
Funding Use & Its Community Value	
Describe how your funding will be use	ed and the benefit to the Cary community. (maximum 3300 characters and spaces)
Due described Otata	
Programming Stats Performances/Exhibitions/Classes & S	Seminars/Festivals/Events by Year
Enter Fiscal Year (mm/dd/yyyy - mm/d	łd/yyyy)
Most Recently Completed Start Date	Most Recently Completed End Date

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Next Year as Budgeted End Date

Next Year as Budgeted Start Date

	Most Recently Completed Year	Next Year as Projected
Total Number of Performances/Exhibitions/Classes & Seminars/Festivals/Events		
Total Number in Cary		

Audience & Participants

Most Recently Completed Year

	Most Recently Completed Year
Number of Audience/ Attendees	
Number of Staff (paid & unpaid)	
Number of Artists	
Number of Volunteers	

TOTAL: 0

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Budget Form

Applicant Organization Name:			
Organization Fiscal Year Begins on			
Earned income			
	Actuals most Recent Completed Year	Budget for Current Year	Budget for Next Year
Memberships:			
Admissions/Ticket Sales			
Advertising			
Program Exhibition Fees:			
Corporate Sponsorships:			
Workshop/Class Tuition:			
Special Fundraising Events:			
Rentals:			
Sales/Concessions:			
Other:			
Other:			

Contributed/Unearned Income

Additional Comments

Earned Total Income

0

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0

0

Town of Cary Cultural Arts Grant			
Lazy Daze Grant(s)			
United Arts Grant(s)			
NC Arts Council Grant(s)			
Federal Grant(s)/Other State Grant(s)			
Foundations			
Board Contributions			
Individual Contributions			
Corporate Contributions/Corporate Matching Funds			
Other:			
Other:			
Total Unearned Income	0 0	(0
Total Earned/Unearned Income	0 0		0

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Expenses

	Actuals most Recent Completed Year	Budget for Current Year	Budget for Next Year
Permanent Staff Salaries/Benefits			
Contracted/Temporary Services			
Other:			

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	Actuals most Recent Completed Year	Budget for Current Year	Budget for Next Year
Performance/Exhibit Hall Rentals			
Publicity/Marketing/Development			
Remaining Program Expenses			
Special Fundraising Expenses			
Office Rental			
Utilities (include phone/internet)			
Insurance			
Postage			
Printing			
Office Supplies			
Equipment (non-capitalized)			
Bank/Credit Card Fees			
Other:			
Total Expenses	0 0	0)
Additional Comments			

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	Actuals most Recent Completed Year	Budget for Current Year	Budget for Next Year
Total Income	0	0	0
Total Expense	0	0	0
Balance	0	0	0

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Structure

Board of Directors Table

Name (First Last)	Phone	Email	Residential Zip Code	Occupation	Board Title	Years on Board
		Staff (Paid or Vo	olunteer)			

Name (First Last)	Phone	Email	Residential Zip Code	Staff Title or Position	Number of years in this position	Paid (Y/N)

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Name (First Last)	Phone	Email	Residential Zip Code	Staff Title or Position	Number of years in this position	Paid (Y/N)

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Other

What types of insurance coverage does your organization currently maintain? Select all that may apply.					
Please provide any other information that will assist in evaluating your request.					

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Certify

I certify that I represent a Cary-focused, non-profit organization that benefits the residents of Cary.

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