



# ORGANIZATIONAL SUPPORT GRANT APPLICATION 2016 - 2017

## APPLICATION DEADLINE

Deadline is **Friday, July 15 by 5 pm**. Submit application and attachments via email to [dsilver@intothearts.org](mailto:dsilver@intothearts.org). **Late applications will not be accepted.**

## APPLICATION REQUIREMENTS

Follow all instructions on the application. Incomplete applications will not be considered for funding. Please use 11 point font when copying and pasting into the document. If you are a first time applicant or have general questions please contact Dara Silver, Grant Program Manager at [dsilver@intothearts.org](mailto:dsilver@intothearts.org) or 336-747-1426.

## ORGANIZATION INFORMATION

Complete all information below. If your contact information changes at any point during the grant process or period it is your responsibility to contact the Grants Program Manager.

### Organization

Organization Name: \_\_\_\_\_

Prior Organization Name (if applicable): \_\_\_\_\_

Organization Tax ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Organization website: \_\_\_\_\_ General Email: \_\_\_\_\_

Organization fiscal year: \_\_\_\_\_

**Base Amount Request:** \_\_\_\_\_

### Executive Director/CEO

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Grant Contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Board Chair

Name: \_\_\_\_\_ Term Expires: \_\_\_\_\_

Title/Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**I. NARRATIVE: ORGANIZATION OVERVIEW**

**Mission Statement**

**Vision Statement**

**Organization History**

## I. NARRATIVE: ORGANIZATION OVERVIEW

**Organization Management & Efficiency:** Describe the operations of your organization including an overview of staffing, Board governance & engagement, policies and procedures, and planning process. Include any collaborations or innovative management tools that have resulted in organizational efficiencies and address diversity within your organization. (1 page, 11 point font)

## I. NARRATIVE: ORGANIZATION OVERVIEW

**Artistic Excellence:** Describe your arts & cultural programming including how it serves your mission, how you are attracting and nurturing high quality creative talent, and providing leadership locally and beyond. (1/2 page, 11 point font)

**Community Engagement & Impact:** Describe your organization's engagement & impact in the community, ability to attract diverse audiences and collaborations. Including the community need you fill and who your audience is. (1/2 page, 11 point font)

## II. NARRATIVE: ARTS COUNCIL VISION INITIATIVE

Describe how your organization's current programming and strategic vision aligns with The Arts Council's Vision that upholds our reputation as a community rooted in arts and innovation through the following priorities: *Look the Part, Establish Sustainable Support, Create an Ethos of Innovation*. You may address one or more of the priorities, please identify by using corresponding subheadings. Please use the space provided to complete this information. (1 page max, 11 point font)

### III. ORGANIZATION DATA & BUDGET SUMMARY

Fill out the following organization data and budget summary for your organization.

<b>PARTICIPANTS AND PROGRAMS DATA</b>	<b>Proposed 2015-2016</b>	<b>Projected Year End 2015-2016</b>	<b>Proposed 2016-2017</b>
# of Events (performances, classes, etc.)			
# of Special Events (galas, fundraisers, etc.)			
# of Paid Artists Participating			
# of Volunteer Artists Participating			
# of Artist Memberships			
# of Memberships/Donors			
# of Volunteers			
# of Audience Members			

<b>INCOME</b>	<b>Proposed 2015-2016</b>	<b>%</b>	<b>Projected Year End 2015-2016</b>	<b>%</b>	<b>Proposed 2016-2017</b>	<b>%</b>
Earned Income (ticket sales, classes, exhibits)						
Grants from Federal Government						
Grants from State Government						
Grants from Municipal Government(s)						
Contributions from Individuals						
Contributions from Private Foundations						
Business/Corporate Contributions						
Income from Special Events/Fundraising						
Grants from Community Foundations						
Grants from The Arts Council						
Other :						
Total Revenue Budgeted from all sources (sum of all sources above)						

<b>EXPENSE</b>	<b>Proposed 2015-2016</b>	<b>%</b>	<b>Projected Year End 2015-2016</b>	<b>%</b>	<b>Proposed 2016-2017</b>	<b>%</b>
Administrative (operational expenses)						
Staff Salaries						
Program Staff Salaries						
Programatic/Artistic Fees						
Rent/Venue Fees						
Technical/Production						
Other:						
Total Expense Budget from all sources (sum of all sources above)						

## V. FINANCIALS

1. Submit the following information in 1 Excel document along with the application. Make a tab for each of the sections requested. Label the Excel document as follows: yourorganizationname.financials.xls.

**Tab 1 in the Excel Spreadsheet:** Income Statements, presented in spreadsheet format to include the following 10 column headings and detail:

**Prior 2 years with budget comparison (figures must tie in to audit or review report):**

1. 'Actual for fiscal year 2013-2014'
2. 'Budget for fiscal year 2013-2014'
3. 'Actual for fiscal year 2014-2015'
4. 'Budget for fiscal year 2014-2015'

**Current year figures:**

5. 'Actual for period ending in 5/30/16'
6. 'Projected year 2015-2016'
7. 'Budget for fiscal year 2015-2016'

**Proposed 3 years figures:**

8. 'Proposed for fiscal year 2016-2017'
9. 'Proposed for fiscal year 2017-2018'
10. 'Proposed for fiscal year 2018-2019'

**Tab 2 in the Excel Spreadsheet:** Balance Sheet, presented in spreadsheet format to include the following column headings and detail:

**Prior 3 year audited or reviewed figures:**

- 'Actual for fiscal year 2012-2013'
- 'Actual the fiscal year 2013-2014'
- 'Actual for fiscal year 2014-2015'

**Tab 3 in the Excel Spreadsheet:** Cash Flow projection for fiscal year ending 2015-2016.

2. Submit an independent accountant's last fiscal year audited or reviewed financial statements and management letters (SAS 115 & 114).

## VI. ADDITIONAL FORMS (REQUIRED)

Fill out and submit the Board/Staff Roster Form & the Arts Council Campaign Assistance Form.

Link to Board and Staff Roster Form:

<http://www.intothearts.org/wp-content/uploads/Board-Staff-Roster-Template.xls>

Link to Arts Council Campaign Assistance Form:

<http://intothearts.org/wp-content/uploads/2016/05/Arts-Council-Campaign-Assistance-Form-FY-17.pdf>

## VI. CASE SUPPORTING DOCUMENTS (OPTIONAL)

Provide electronic copies of support materials that provide key evidence that supports sections I and II of this application examples could include: artistic samples, articles, programs, annual reports, etc.